

103^D CONGRESS
2^D SESSION

H. R. 3869

To amend the Public Health Service Act to revise and extend programs relating to the health of individuals who are members of minority groups, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 11, 1994

Mr. WAXMAN (for himself, Mr. SYNAR, Mr. RICHARDSON, Mr. TOWNS, Mr. WASHINGTON, Mr. UPTON, Mr. FRANKS of Connecticut, Mr. MINETA, Mr. MATSUI, Mr. SERRANO, Mr. GUTIERREZ, Mr. PASTOR, Mr. MENENDEZ, Mr. ROMERO-BARCELÓ, Ms. VELÁZQUEZ, and Mr. UNDERWOOD) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to revise and extend programs relating to the health of individuals who are members of minority groups, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Minority Health Improvement Act of 1994”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—OFFICE OF MINORITY HEALTH

- Sec. 101. Revision and extension of programs of Office of Minority Health.
- Sec. 102. Establishment of individual offices of minority health within agencies of Public Health Service.

TITLE II—PRIMARY HEALTH SERVICES

- Sec. 201. Migrant health centers; community health centers.
- Sec. 202. Health services for the homeless.
- Sec. 203. Health services for residents of public housing.
- Sec. 204. Grants to States for loan repayment programs regarding obligated service of health professionals.
- Sec. 205. Grants to States for operation of State offices of rural health.
- Sec. 206. Demonstration grants to States for community scholarship programs regarding obligated service of health professionals.
- Sec. 207. Programs regarding birth defects.
- Sec. 208. Healthy start for infants.
- Sec. 209. Demonstration projects regarding diabetic-retinopathy.

TITLE III—HEALTH PROFESSIONS PROGRAMS

- Sec. 301. Primary care scholarships for students from disadvantaged backgrounds.
- Sec. 302. Scholarships generally; certain other purposes.
- Sec. 303. Loan repayments and fellowships regarding faculty positions.
- Sec. 304. Centers of Excellence.
- Sec. 305. Educational assistance regarding undergraduates.
- Sec. 306. Student loans regarding schools of nursing.
- Sec. 307. Federally-supported student loans funds.

TITLE IV—RESEARCH

- Sec. 401. Office of Research on Minority Health.
- Sec. 402. Activities of Agency for Health Care Policy and Research.
- Sec. 403. Data collection by National Center for Health Statistics.

TITLE V—NATIVE HAWAIIAN HEALTH CARE

- Sec. 501. Clarification of 1992 amendments.
- Sec. 502. Amendment of Native Hawaiian Health Care Improvement Act to reflect 1992 agreement.
- Sec. 503. Repeal of Public Health Service Act provision.

TITLE VI—MISCELLANEOUS PROVISIONS

- Sec. 601. Technical amendment to Indian Health Care Improvement Act.
- Sec. 602. Health services for Pacific Islanders.
- Sec. 603. Technical corrections regarding Public Law 103-183.
- Sec. 604. Certain authorities of Centers for Disease Control and Prevention.

TITLE VII—GENERAL PROVISIONS

- Sec. 701. Effective date.

1 **TITLE I—OFFICE OF MINORITY**
2 **HEALTH**

3 **SEC. 101. REVISION AND EXTENSION OF PROGRAMS OF OF-**
4 **FICE OF MINORITY HEALTH.**

5 (a) IN GENERAL.—Section 1707 of the Public Health
6 Service Act (42 U.S.C. 300u-6) is amended by striking
7 subsection (b) and all that follows and inserting the follow-
8 ing:

9 “(b) DUTIES.—With respect to improving the health
10 of minority groups, the Secretary shall carry out the fol-
11 lowing:

12 “(1) In consultation with the advisory council
13 under subsection (c), establish goals and objectives
14 regarding disease prevention, health promotion, serv-
15 ice delivery, and research, and coordinate all activi-
16 ties within the Department of Health and Human
17 Services that relate to such goals and objectives.

18 “(2) In consultation with such council, enter
19 into interagency agreements with other agencies of
20 the Service, and under such agreements provide
21 amounts to such agencies, to carry out the following:

22 “(A) Support research, demonstrations and
23 evaluations to test new and innovative models
24 of delivering services.

1 “(B) Increase knowledge and understand-
2 ing of health risk factors.

3 “(C) Ensure that the National Center for
4 Health Statistics collects data on the health
5 status of each minority group.

6 “(D) With respect to individuals who lack
7 proficiency in speaking the English language,
8 enter into contracts with public and nonprofit
9 private providers of primary health services for
10 the purpose of increasing the access of the indi-
11 viduals to such services by developing and car-
12 rying out programs to provide bilingual or in-
13 terpretive services.

14 “(3) Establish by contract a center to carry out
15 the following:

16 “(A) Facilitate the exchange of informa-
17 tion regarding matters relating to health infor-
18 mation and health promotion, preventive health
19 services, and education in the appropriate use
20 of health care.

21 “(B) Facilitate access to such information.

22 “(C) Assist in the analysis of issues and
23 problems relating to such matters.

24 “(D) Provide technical assistance with re-
25 spect to the exchange of such information (in-

1 cluding facilitating the development of materials
2 for such technical assistance).

3 “(4)(A) Establish by contract a center for the
4 purpose of carrying out programs to improve access
5 to health care services for individuals who lack pro-
6 ficiency in speaking the English language by devel-
7 oping and carrying out programs to provide bilingual
8 or interpretive services.

9 “(B) In carrying out subparagraph (A), ensure
10 that—

11 “(i) the center under such subparagraph
12 conducts research, develops and evaluates model
13 projects, and provides technical assistance to
14 health care providers; and

15 “(ii) such center is not operated by the en-
16 tity that operates the center established under
17 paragraph (3).

18 “(c) ADVISORY COMMITTEE.—

19 “(1) IN GENERAL.—The Secretary shall estab-
20 lish an advisory committee to be known as the Advi-
21 sory Committee on Minority Health (in this sub-
22 section referred to as the ‘Committee’).

23 “(2) DUTIES.—The Committee shall provide
24 advice to the Secretary on carrying out this section,

1 including advice on carrying out paragraphs (1) and
2 (2) of subsection (b) for each minority group.

3 “(3) COMPOSITION.—

4 “(A) The Committee shall be composed of
5 12 voting members appointed in accordance
6 with subparagraph (B) and the nonvoting, ex
7 officio members designated under subparagraph
8 (C).

9 “(B) The voting members of the Commit-
10 tee shall be appointed from among individuals
11 who have expertise regarding the health status
12 of minority groups and the access of such
13 groups to health services, which individuals are
14 not officers or employees of the Federal Gov-
15 ernment. The appointed membership of the
16 Committee shall be broadly representative of
17 the various minority groups.

18 “(C) The Secretary shall designate as ex
19 officio members of the Committee the heads of
20 the minority health offices referred to in section
21 1707A.

22 “(d) APPROPRIATE CONTEXT OF SERVICES.—The
23 Secretary shall ensure that information and services pro-
24 vided pursuant to subsection (b) are provided in the lan-
25 guage and cultural context that is most appropriate for

1 the individuals for whom the information and services are
2 intended.

3 “(e) EQUITABLE ALLOCATION OF SERVICES.—The
4 Secretary shall ensure that services provided under sub-
5 section (b) are equitably allocated among the various mi-
6 nority groups.

7 “(f) CONSULTATION WITH INDIVIDUAL MINORITY
8 HEALTH OFFICES.—In carrying out subsection (b) re-
9 garding a specified agency, the Secretary shall consult
10 with the head of the minority health office of the agency.
11 For purposes of the preceding sentence, the terms ‘speci-
12 fied agency’ and ‘minority health office’ have the meaning
13 given such terms in section 1707A(f).

14 “(g) BIENNIAL REPORTS.—Not later than February
15 1 of fiscal year 1996 and of each second year thereafter,
16 the Secretary shall submit to the Committee on Energy
17 and Commerce of the House of Representatives, and to
18 the Committee on Labor and Human Resources of the
19 Senate, a report describing the activities carried out under
20 this section during the preceding 2 fiscal years and evalu-
21 ating the extent to which such activities have been effec-
22 tive in improving the health of minority groups. Each such
23 report shall include the biennial reports submitted to the
24 Secretary under section 1707A(e) for such years by the
25 heads of the minority health offices.

1 “(h) DEFINITION.—For purposes of this section, the
 2 term ‘minority groups’ means African Americans, Amer-
 3 ican Indians, Asian Americans, Hispanics, and Pacific Is-
 4 landers.

5 “(i) FUNDING.—

6 “(1) AUTHORIZATION OF APPROPRIATIONS.—
 7 For the purpose of carrying out this section, there
 8 is authorized to be appropriated \$21,000,000 for
 9 each of the fiscal years 1995 through 1997.

10 “(2) ALLOCATION OF FUNDS BY SECRETARY.—
 11 Of the amounts appropriated under paragraph (1)
 12 for a fiscal year, the Secretary shall make available
 13 not less than \$3,000,000 for carrying out subsection
 14 (b)(2)(D).”.

15 (b) MISCELLANEOUS AMENDMENT.—Section 1707 of
 16 the Public Health Service Act (42 U.S.C. 300u–6) is
 17 amended in the heading for the section by striking “ES-
 18 TABLISHMENT OF”.

19 **SEC. 102. ESTABLISHMENT OF INDIVIDUAL OFFICES OF MI-**
 20 **NORITY HEALTH WITHIN AGENCIES OF PUB-**
 21 **LIC HEALTH SERVICE.**

22 Title XVII of the Public Health Service Act (42
 23 U.S.C. 300u et seq.), as amended by section 302 of Public
 24 Law 102–531 (106 Stat. 3483), is amended by inserting
 25 after section 1707 the following section:

1 “INDIVIDUAL OFFICES OF MINORITY HEALTH WITHIN
2 PUBLIC HEALTH SERVICE

3 “SEC. 1707A. (a) IN GENERAL.—The head of each
4 agency specified in subsection (b)(1) shall establish within
5 the agency an office to be known as the Office of Minority
6 Health. Each such Office shall be headed by a director,
7 who shall be appointed by the head of the agency within
8 which the Office is established, and who shall report di-
9 rectly to the head of the agency. The head of such agency
10 shall carry out this section (as this section relates to the
11 agency) acting through such Director.

12 “(b) SPECIFIED AGENCIES.—

13 “(1) IN GENERAL.—The agencies referred to in
14 subsection (a) are the following:

15 “(A) The Centers for Disease Control and
16 Prevention.

17 “(B) The Agency for Health Care Policy
18 and Research.

19 “(C) The Health Resources and Services
20 Administration.

21 “(D) The Substance Abuse and Mental
22 Health Services Administration.

23 “(2) NATIONAL INSTITUTES OF HEALTH.—For
24 purposes of subsection (c) and the subsequent provi-
25 sions of this section, the term ‘minority health office’

1 includes the Office of Research on Minority Health
2 established within the National Institutes of Health.
3 The Director of the National Institutes of Health
4 shall carry out this section (as this section relates to
5 the agency) acting through the Director of such Of-
6 fice.

7 “(c) COMPOSITION.—The head of each specified
8 agency shall ensure that the officers and employees of the
9 minority health office of the agency are, collectively, expe-
10 rienced in carrying out community-based health programs
11 for each of the various minority groups that are present
12 in significant numbers in the United States. The head of
13 such agency shall ensure that, of such officers and employ-
14 ees who are members of minority groups, no such group
15 is disproportionately represented.

16 “(d) DUTIES.—Each Director of a minority health of-
17 fice shall monitor the programs of the specified agency of
18 such office in order to—

19 “(A) determine the extent to which the pur-
20 poses of the programs are being carried out with re-
21 spect to minority groups;

22 “(B) determine the extent to which members of
23 such groups are represented among the Federal offi-
24 cers and employees who administer the programs;
25 and

1 “(C) make recommendations to the head of
2 such agency on carrying out the programs with re-
3 spect to such groups.

4 “(e) BIENNIAL REPORTS TO SECRETARY.—The head
5 of each specified agency shall submit to the Secretary for
6 inclusion in each biennial report under section 1707(g)
7 (without change) a biennial report describing—

8 “(1) the extent to which the minority health of-
9 fice of the agency employs individuals who are mem-
10 bers of minority groups, including a specification by
11 minority group of the number of such individuals
12 employed by such office; and

13 “(2) the manner in which the agency is comply-
14 ing with Public Law 94-311 (relating to data on
15 Americans of Spanish origin or descent).

16 “(f) DEFINITIONS.—For purposes of this section:

17 “(1) The term ‘minority health office’ means an
18 office established under subsection (a), subject to
19 subsection (b)(2).

20 “(2) The term ‘minority group’ has the mean-
21 ing given such term in section 1707(h).

22 “(3) The term ‘specified agency’ means—

23 “(A) an agency specified in subsection
24 (b)(1); and

25 “(B) the National Institutes of Health.

1 “(g) FUNDING.—

2 (1) ALLOCATIONS.—Of the amounts appro-
 3 priated for a specified agency for a fiscal year, the
 4 Secretary may reserve not more than 0.5 percent for
 5 the purpose of carrying out activities under this sec-
 6 tion through the minority health office of the agen-
 7 cy. In reserving an amount under the preceding sen-
 8 tence for a minority health office for a fiscal year,
 9 the Secretary shall reduce, by substantially the same
 10 percentage, the amount that otherwise would be
 11 available for each of the programs of the designated
 12 agency involved.

13 “(2) AVAILABILITY OF FUNDS FOR STAFF-
 14 ING.—The purposes for which amounts made avail-
 15 able under paragraph (1) may be expended by a mi-
 16 nority health office include the costs of employing
 17 staff for such office.”.

18 **TITLE II—PRIMARY HEALTH** 19 **SERVICES**

20 **SEC. 201. MIGRANT HEALTH CENTERS; COMMUNITY** 21 **HEALTH CENTERS.**

22 (a) MIGRANT HEALTH CENTERS.—

23 (1) TREATMENT OF PREGNANT WOMEN FOR
 24 SUBSTANCE ABUSE.—Section 329(a) of the Public

1 Health Service Act (42 U.S.C. 254b(a)) is amend-
2 ed—

3 (A) in paragraph (1)(C)—

4 (i) by inserting “(i)” after “(C)”;

5 (ii) in clause (i) (as so designated), by
6 adding “and” after the comma at the end;

7 and

8 (iii) by adding at the end the follow-
9 ing clause:

10 “(ii) to the State official responsible for carry-
11 ing out programs under subpart II of part B of title
12 XIX, and in accordance with the provisions of sec-
13 tion 543 regarding the disclosure of information, a
14 notification if a pregnant women is provided a refer-
15 ral for the treatment of substance abuse but the en-
16 tity involved does not have the capacity to admit ad-
17 ditional individuals for treatment,”; and

18 (B) in paragraph (7)—

19 (i) in subparagraph (L), by striking
20 “and” at the end;

21 (ii) by redesignating subparagraph
22 (M) as subparagraph (N); and

23 (iii) by inserting after subparagraph
24 (L) the following subparagraph:

1 “(M) treatment of pregnant women for sub-
2 stance abuse; and”.

3 (2) OVERLAP IN CATCHMENT AREAS.—Section
4 329(a) of the Public Health Service Act (42 U.S.C.
5 254b(a)) is amended by adding at the end the fol-
6 lowing paragraph:

7 “(8) In making grants under subsections (c)(1) and
8 (d)(1), the Secretary may provide for the development and
9 operation of more than one migrant health center in a
10 catchment area in any case in which the Secretary deter-
11 mines that in such area there are workers or other individ-
12 uals described in subsection (a)(1) (in the matter after
13 and below subparagraph (H)) who otherwise will have a
14 shortage of personal health services. The preceding sen-
15 tence may not be construed as requiring that, in such a
16 case, the catchment areas of the centers involved be iden-
17 tical.”.

18 (3) OFFSITE ACTIVITIES.—Section 329(a) of
19 the Public Health Service Act, as amended by para-
20 graph (2) of this subsection, is amended by adding
21 at the end the following paragraph:

22 “(9) In making grants under this section, the Sec-
23 retary may, to the extent determined by the Secretary to
24 be appropriate, authorize migrant health centers to pro-
25 vide services at locations other than the center.”.

1 (4) AMOUNT OF GRANT; USE OF CERTAIN
2 FUNDS.—Section 329(d)(4) of the Public Health
3 Service Act (42 U.S.C. 254b(d)(4)), as amended by
4 section 309(a)(3) of Public Law 102–531 (106 Stat.
5 3500), is amended to read as follows:

6 “(4)(A) The amount of a grant under paragraph (1)
7 or under subsection (c) for a migrant health center shall
8 be determined by the Secretary, taking into account (for
9 the period for which the grant is made)—

10 “(i) the costs that the center may reasonably be
11 expected to incur in carrying out the plan approved
12 by the Secretary pursuant to subsection (f)(3)(H),
13 and

14 “(ii) the amounts that the center may reason-
15 ably be expected to receive as State, local, and other
16 operational funding (exclusive of amounts to be pro-
17 vided in the grant under this section) and as fees,
18 premiums, and third-party reimbursements.

19 “(B)(i) Subject to clause (ii), the Secretary may not
20 restrict the purposes for which a migrant health center
21 expends the amounts described in subparagraph (A)(ii)
22 (including restrictions imposed pursuant to Federal cost
23 principles).

24 “(ii) The Secretary may require that amounts de-
25 scribed in subparagraph (A)(ii) be expended for purposes

1 that are consistent with the purposes specified in this sec-
2 tion.

3 “(C)(i) Payments under a grant under this section
4 shall be made in advance or by way of reimbursement and
5 in such installments as the Secretary finds necessary. Ad-
6 justments in such payments may be made for overpay-
7 ments or underpayments, subject to clause (ii).

8 “(ii) If, for the period for which a grant is made
9 under paragraph (1) to a migrant health center, the sum
10 of the amount of the grant and the amounts described in
11 subparagraph (A)(ii) that the center actually received ex-
12 ceeded the costs of the center in carrying out the plan
13 approved by the Secretary pursuant to subsection
14 (f)(3)(H), then the center is entitled to retain such excess
15 amount if the center agrees to expend such amount only
16 for the following purposes:

17 “(I) To expand and improve services.

18 “(II) To increase the number of persons served.

19 “(III) To acquire, modernize, or expand facili-
20 ties, or to construct facilities.

21 “(IV) To improve the administration of service
22 programs.

23 “(V) To establish financial reserves.

24 “(D) With respect to funds that are amounts de-
25 scribed in subparagraph (A)(ii) or excess amounts de-

1 scribed in subparagraph (C)(ii), this paragraph may not
2 be construed as limiting the authority of the Secretary to
3 require the submission of such plans, budgets, and other
4 information as may be necessary to ensure that the funds
5 are expended in accordance with subparagraph (B)(ii), or
6 clauses (I) through (V) of subparagraph (C)(ii), respec-
7 tively.”.

8 (5) AUTHORIZATION OF APPROPRIATIONS.—

9 Section 329(h) of the Public Health Service Act (42
10 U.S.C. 254b(h)) is amended—

11 (A) in paragraph (1)(A), by striking
12 “1994” and inserting “1998”; and

13 (B) in paragraph (2)(A), by striking
14 “1994” and inserting “1998”.

15 (b) COMMUNITY HEALTH CENTERS.—

16 (1) TREATMENT OF PREGNANT WOMEN FOR
17 SUBSTANCE ABUSE.—Section 330 of the Public
18 Health Service Act (42 U.S.C. 254c) is amended—

19 (A) in subsection (a)(3)—

20 (i) by inserting “(A)” after “(3)”;

21 (ii) in subparagraph (A) (as so des-
22 ignated), by adding “and” after the
23 comma at the end; and

24 (iii) by adding at the end the follow-
25 ing subparagraph:

1 “(B) to the State official responsible for carry-
2 ing out programs under subpart II of part B of title
3 XIX, and in accordance with the provisions of sec-
4 tion 543 regarding the disclosure of information, a
5 notification if a pregnant women is provided a refer-
6 ral for the treatment of substance abuse but the en-
7 tity involved does not have the capacity to admit ad-
8 ditional individuals for treatment,”; and

9 (B) in subsection (b)(2)—

10 (i) in subparagraph (L), by striking
11 “and” at the end;

12 (ii) by redesignating subparagraph
13 (M) as subparagraph (N); and

14 (iii) by inserting after subparagraph
15 (L) the following subparagraph:

16 “(M) treatment of pregnant women for sub-
17 stance abuse; and”.

18 (2) OVERLAP IN CATCHMENT AREAS.—Section
19 330(b) of the Public Health Service Act (42 U.S.C.
20 254c(b)) is amended by adding at the end the fol-
21 lowing paragraph:

22 “(7) In making grants under subsections (c)(1) and
23 (d)(1), the Secretary may provide for the development and
24 operation of more than one community health center in
25 a catchment area in any case in which the Secretary deter-

1 mines that there is a population group in such area that
2 otherwise will have a shortage of personal health services.
3 The preceding sentence may not be construed as requiring
4 that, in such a case, the catchment areas of the centers
5 involved be identical.”.

6 (3) OFFSITE ACTIVITIES.—Section 330(b) of
7 the Public Health Service Act, as amended by para-
8 graph (2) of this subsection, is amended by adding
9 at the end the following paragraph:

10 “(8) In making grants under this section, the Sec-
11 retary may, to the extent determined by the Secretary to
12 be appropriate, authorize community health centers to
13 provide services at locations other than the center.”.

14 (4) AMOUNT OF GRANT; USE OF CERTAIN
15 FUNDS.—Section 330(d)(4) of the Public Health
16 Service Act (42 U.S.C. 254c(d)(4)), as amended by
17 section 309(b)(3) of Public Law 102–531 (106 Stat.
18 3501), is amended to read as follows:

19 “(4)(A) The amount of a grant under paragraph (1)
20 or under subsection (c) for a community health center
21 shall be determined by the Secretary, taking into account
22 (for the period for which the grant is made)—

23 “(i) the costs that the center may reasonably be
24 expected to incur in carrying out the plan approved

1 by the Secretary pursuant to subsection (e)(3)(H),
2 and

3 “(ii) the amounts that the center may reason-
4 ably be expected to receive as State, local, and other
5 operational funding (exclusive of amounts to be pro-
6 vided in the grant under this section) and as fees,
7 premiums, and third-party reimbursements.

8 “(B)(i) Subject to clause (ii), the Secretary may not
9 restrict the purposes for which a community health center
10 expends the amounts described in subparagraph (A)(ii)
11 (including restrictions imposed pursuant to Federal cost
12 principles).

13 “(ii) The Secretary may require that amounts de-
14 scribed in subparagraph (A)(ii) be expended for purposes
15 that are consistent with the purposes specified in this sec-
16 tion.

17 “(C)(i) Payments under a grant under this section
18 shall be made in advance or by way of reimbursement and
19 in such installments as the Secretary finds necessary. Ad-
20 justments in such payments may be made for overpay-
21 ments or underpayments, subject to clause (ii).

22 “(ii) If, for the period for which a grant is made
23 under paragraph (1) to a community health center, the
24 sum of the amount of the grant and the amounts described
25 in subparagraph (A)(ii) that the center actually received

1 exceeded the costs of the center in carrying out the plan
2 approved by the Secretary pursuant to subsection
3 (e)(3)(H), then the center is entitled to retain such excess
4 amount if the center agrees to expend such amount only
5 for the following purposes:

6 “(I) To expand and improve services.

7 “(II) To increase the number of persons served.

8 “(III) To acquire, modernize, or expand facili-
9 ties, or to construct facilities.

10 “(IV) To improve the administration of service
11 programs.

12 “(V) To establish financial reserves.

13 “(D) With respect to funds that are amounts de-
14 scribed in subparagraph (A)(ii) or excess amounts de-
15 scribed in subparagraph (C)(ii), this paragraph may not
16 be construed as limiting the authority of the Secretary to
17 require the submission of such plans, budgets, and other
18 information as may be necessary to ensure that the funds
19 are expended in accordance with subparagraph (B)(ii), or
20 clauses (I) through (V) of subparagraph (C)(ii), respec-
21 tively.”.

22 (5) AUTHORIZATION OF APPROPRIATIONS.—

23 Section 330(g) of the Public Health Service Act (42

24 U.S.C. 254c(g)) is amended—

1 (A) in paragraph (1)(A), by striking
2 “1994” and inserting “1998”; and

3 (B) in paragraph (2)(A), by striking
4 “1994” and inserting “1998”.

5 **SEC. 202. HEALTH SERVICES FOR THE HOMELESS.**

6 Section 340(q)(1) of the Public Health Service Act
7 (42 U.S.C. 256(q)(1)) is amended by striking “and 1994”
8 and inserting “through 1998”.

9 **SEC. 203. HEALTH SERVICES FOR RESIDENTS OF PUBLIC**
10 **HOUSING.**

11 Section 340A(p)(1) of the Public Health Service Act
12 (42 U.S.C. 256a(p)(1)) is amended by striking “and
13 1993” and inserting “through 1998”.

14 **SEC. 204. GRANTS TO STATES FOR LOAN REPAYMENT PRO-**
15 **GRAMS REGARDING OBLIGATED SERVICE OF**
16 **HEALTH PROFESSIONALS.**

17 Section 338I(c) of the Public Health Service Act (42
18 U.S.C. 254q–1(c)) is amended by adding at the end the
19 following paragraph:

20 “(4) PRIVATE PRACTICE.—

21 “(A) In carrying out the program operated
22 with a grant under subsection (a), a State may
23 waive the requirement of paragraph (1) regard-
24 ing the assignment of a health professional if,
25 subject to subparagraph (B), the health profes-

sional enters into an agreement with the State to provide primary health services in a full-time private clinical practice in a health professional shortage area.

“(B) The Secretary may not make a grant under subsection (a) unless the State involved agrees that, if the State provides a waiver under subparagraph (A) for a health professional, section 338D(b)(1) will apply to the agreement under such subparagraph between the State and the health professional to the same extent and in the same manner as such section applies to an agreement between the Secretary and a health professional regarding a full-time private clinical practice.”.

**SEC. 205. GRANTS TO STATES FOR OPERATION OF STATE
OFFICES OF RURAL HEALTH.**

Section 338J of the Public Health Service Act (42 U.S.C. 254r) is amended—

(1) in subsection (b)(1), in the matter preceding subparagraph (A), by striking “in cash”; and

(2) in subsection (j)(1)—

(A) by striking “and” after “1992”; and

(B) by inserting before the period the following: “, and such sums as may be necessary

1 for each of the fiscal years 1995 through
2 1997”.

3 **SEC. 206. DEMONSTRATION GRANTS TO STATES FOR COM-**
4 **MUNITY SCHOLARSHIP PROGRAMS REGARD-**
5 **ING OBLIGATED SERVICE OF HEALTH PRO-**
6 **FESSIONALS.**

7 Section 338L of the Public Health Service Act (42
8 U.S.C. 254t) is amended—

9 (1) by striking “health manpower shortage”
10 each place such term appears and inserting “health
11 professional shortage”;

12 (2) in subsection (e)—

13 (A) by striking paragraph (1);

14 (B) by redesignating paragraphs (2)
15 through (6) as paragraphs (1) through (5), re-
16 spectively; and

17 (C) in paragraph (1) (as so redesignated),
18 by inserting after “the individual” the follow-
19 ing: “who is to receive the scholarship under
20 the contract”;

21 (3) in subsection (k)(2), by striking “internal
22 medicine, pediatrics,” and inserting “general inter-
23 nal medicine, general pediatrics,”; and

24 (4) in subsection (l)(1)—

25 (A) by striking “and” after “1992,”; and

1 (B) by inserting before the period the fol-
2 lowing: “, and such sums as may be necessary
3 for each of the fiscal years 1995 through
4 1997”.

5 **SEC. 207. PROGRAMS REGARDING BIRTH DEFECTS.**

6 Section 317C of the Public Health Service Act (42
7 U.S.C. 247b-4), as added by section 306 of Public Law
8 102-531 (106 Stat. 3494), is amended to read as follows:

9 “PROGRAMS REGARDING BIRTH DEFECTS
10 “SEC. 317C. (a) The Secretary, acting through the
11 Director of the Centers for Disease Control and Preven-
12 tion, shall carry out programs—

13 “(1) to collect, analyze, and make available data
14 on birth defects (in manner that facilitates compli-
15 ance with subsection (d)(2)), including data on the
16 causes of such defects and on the incidence and
17 prevalence of such defects;

18 “(2) to provide information and education to
19 the public on the prevention of such defects;

20 “(3) to improve the education, training, and
21 clinical skills of health professionals with respect to
22 the prevention of such defects;

23 “(4) to carry out demonstration projects for the
24 prevention of such defects; and

25 “(5) to operate regional centers for the conduct
26 of research on the prevention of such defects.

1 “(b) ADDITIONAL PROVISIONS REGARDING COLLEC-
2 TION OF DATA.—

3 “(1) IN GENERAL.—In carrying out subsection
4 (a)(1), the Secretary—

5 “(A) shall collect and analyze data by gen-
6 der and by racial and ethnic group, including
7 Hispanics, non-Hispanic whites, African Ameri-
8 cans, Native Americans, Asian Americans, and
9 Pacific Islanders;

10 “(B) shall collect data under subparagraph
11 (A) from birth certificates, death certificates,
12 hospital records, and such other sources as the
13 Secretary determines to be appropriate; and

14 “(C) shall encourage States to establish or
15 improve programs for the collection and analy-
16 sis of epidemiological data on birth defects, and
17 to make the data available.

18 “(2) NATIONAL CLEARINGHOUSE.—In carrying
19 out subsection (a)(1), the Secretary shall establish
20 and maintain a National Information Clearinghouse
21 on Birth Defects to collect and disseminate to health
22 professionals and the general public information on
23 birth defects, including the prevention of such de-
24 fects.

25 “(c) GRANTS AND CONTRACTS.—

1 “(1) IN GENERAL.—In carrying out subsection
2 (a), the Secretary may make grants to and enter
3 into contracts with public and nonprofit private enti-
4 ties.

5 “(2) SUPPLIES AND SERVICES IN LIEU OF
6 AWARD FUNDS.—

7 “(A) Upon the request of a recipient of an
8 award of a grant or contract under paragraph
9 (1), the Secretary may, subject to subparagraph
10 (B), provide supplies, equipment, and services
11 for the purpose of aiding the recipient in carry-
12 ing out the purposes for which the award is
13 made and, for such purposes, may detail to the
14 recipient any officer or employee of the Depart-
15 ment of Health and Human Services.

16 “(B) With respect to a request described
17 in subparagraph (A), the Secretary shall reduce
18 the amount of payments under the award in-
19 volved by an amount equal to the costs of de-
20 tailing personnel and the fair market value of
21 any supplies, equipment, or services provided by
22 the Secretary. The Secretary shall, for the pay-
23 ment of expenses incurred in complying with
24 such request, expend the amounts withheld.

1 “(3) APPLICATION FOR AWARD.—The Secretary
2 may make an award of a grant or contract under
3 paragraph (1) only if an application for the award
4 is submitted to the Secretary and the application is
5 in such form, is made in such manner, and contains
6 such agreements, assurances, and information as the
7 Secretary determines to be necessary to carry out
8 the purposes for which the award is to be made.

9 “(d) BIENNIAL REPORT.—Not later than February
10 1 of fiscal year 1995 and of every second such year there-
11 after, the Secretary shall submit to the Committee on En-
12 ergy and Commerce of the House of Representatives, and
13 the Committee on Labor and Human Resources of the
14 Senate, a report that, with respect to the preceding 2 fis-
15 cal years—

16 “(1) contains information regarding the inci-
17 dence and prevalence of birth defects and the extent
18 to which birth defects have contributed to the inci-
19 dence and prevalence of infant mortality;

20 “(2) contains information under paragraph (1)
21 that is specific to various racial and ethnic groups
22 (including Hispanics, non-Hispanic whites, African
23 Americans, Native Americans, and Asian Ameri-
24 cans);

1 “(3) contains an assessment of the extent to
2 which various approaches of preventing birth defects
3 have been effective;

4 “(4) describes the activities carried out under
5 this section; and

6 “(5) contains any recommendations of the Sec-
7 retary regarding this section.

8 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
9 purpose of carrying out this section, there are authorized
10 to be appropriated \$5,000,000 for fiscal year 1995, and
11 such sums as may be necessary for each of the fiscal years
12 1996 and 1997.”.

13 **SEC. 208. HEALTHY START FOR INFANTS.**

14 (a) IN GENERAL.—Part D of title III of the Public
15 Health Service Act (42 U.S.C. 254b et seq.) is amended
16 by inserting after section 330 the following section:

17 “HEALTHY START FOR INFANTS

18 “SEC. 330A. (a) GRANTS FOR COMPREHENSIVE
19 SERVICES.—

20 “(1) IN GENERAL.—The Secretary may make
21 grants for the operation of not more than 19 dem-
22 onstration projects to provide the services described
23 in subsection (b) for the purpose of reducing, in the
24 geographic areas in which the projects are carried
25 out—

1 “(A) the incidence of infant mortality and
2 morbidity;

3 “(B) the incidence of fetal deaths;

4 “(C) the incidence of maternal mortality;

5 “(D) the incidence of fetal alcohol syn-
6 drome; and

7 “(E) the incidence of low-birthweight
8 births.

9 “(2) ACHIEVEMENT OF YEAR 2000 HEALTH STA-
10 TUS OBJECTIVES.—With respect to the objectives es-
11 tablished by the Secretary for the health status of
12 the population of the United States for the year
13 2000, the Secretary shall, in providing for a dem-
14 onstration project under paragraph (1) in a geo-
15 graphic area, seek to meet the objectives that are
16 applicable to the purpose described in such para-
17 graph and the populations served by the project.

18 “(b) AUTHORIZED SERVICES.—

19 “(1) IN GENERAL.—Subject to subsection (h),
20 the services referred to in this subsection are com-
21 prehensive services (including preventive and pri-
22 mary health services for pregnant women and in-
23 fants and childhood immunizations in accordance
24 with the schedule recommended by the Secretary)

1 for carrying out the purpose described in subsection
2 (a), including services other than health services.

3 “(2) CERTAIN PROVIDERS.—The Secretary may
4 make a grant under subsection (a) only if the appli-
5 cant involved agrees that, in making any arrange-
6 ments under which other entities provide authorized
7 services in the demonstration project involved, the
8 applicant will include among the entities with which
9 the arrangements are made grantees under any of
10 sections 329, 330, 340, and 340A, if such grantees
11 are providing services in the service area of such
12 project and the grantees are willing to make such
13 arrangements with the applicant.

14 “(c) ELIGIBLE GEOGRAPHIC AREAS.—The Secretary
15 may make a grant under subsection (a) only if—

16 “(1) the applicant for the grant specifies the
17 geographic area in which the demonstration project
18 under such subsection is to be carried out and
19 agrees that the project will not be carried out in
20 other areas; and

21 “(2) for the fiscal year preceding the first fiscal
22 year for which the applicant is to receive such a
23 grant, the rate of infant mortality in the geographic
24 area equals or exceeds 150 percent of the national
25 average in the United States of such rates.

1 “(d) MINIMUM QUALIFICATIONS OF GRANTEEES.—

2 “(1) PUBLIC OR NONPROFIT PRIVATE ENTI-
3 TIES.—The Secretary may make a grant under sub-
4 section (a) only if the applicant for the grant is a
5 State or local department of health, or other public
6 or nonprofit private entity, or a consortium of public
7 or nonprofit private entities.

8 “(2) APPROVAL OF POLITICAL SUBDIVISIONS.—
9 With respect to a proposed demonstration project
10 under subsection (a), the Secretary may make a
11 grant under such subsection only if—

12 “(A) the chief executive officer of each po-
13 litical subdivision in the service area of such
14 project approves the applicant for the grant as
15 being qualified to carry out the project; and

16 “(B) the leadership of any Indian tribe or
17 tribal organization with jurisdiction over any
18 portion of such area so approves the applicant.

19 “(3) STATUS AS MEDICAID PROVIDER.—

20 “(A) In the case of any service described
21 in subsection (b) that is available pursuant to
22 the State plan approved under title XIX of the
23 Social Security Act for a State in which a dem-
24 onstration project under subsection (a) is car-
25 ried out, the Secretary may make a grant under

1 such subsection for the project only if, subject
2 to subparagraph (B)—

3 “(i) the applicant for the grant will
4 provide the service directly, and the appli-
5 cant has entered into a participation agree-
6 ment under the State plan and is qualified
7 to receive payments under such plan; or

8 “(ii) the applicant will enter into an
9 agreement with a public or private entity
10 under which the entity will provide the
11 service, and the entity has entered into
12 such a participation agreement under the
13 State plan and is qualified to receive such
14 payments.

15 “(B)(i) In the case of an entity making an
16 agreement pursuant to subparagraph (A)(ii) re-
17 garding the provision of services, the require-
18 ment established in such subparagraph regard-
19 ing a participation agreement shall be waived
20 by the Secretary if the entity does not, in pro-
21 viding health care services, impose a charge or
22 accept reimbursement available from any third-
23 party payor, including reimbursement under
24 any insurance policy or under any Federal or
25 State health benefits plan.

1 “(ii) A determination by the Secretary of
2 whether an entity referred to in clause (i) meets
3 the criteria for a waiver under such clause shall
4 be made without regard to whether the entity
5 accepts voluntary donations regarding the pro-
6 vision of services to the public.

7 “(e) STATE APPROVAL OF PROJECT.—With respect
8 to a proposed demonstration project under subsection (a),
9 the Secretary may make a grant under such subsection
10 to the applicant involved only if—

11 “(1) the chief executive officer of the State in
12 which the project is to be carried out approves the
13 proposal of the applicant for carrying out the
14 project; and

15 “(2) the leadership of any Indian tribe or tribal
16 organization with jurisdiction over any portion of the
17 service area of the project so approves the proposal.

18 “(f) ELIGIBILITY FOR SERVICES PROVIDED WITH
19 GRANT FUNDS.—The Secretary may make a grant under
20 subsection (a) only if the applicant involved agrees as fol-
21 lows:

22 “(1) With respect to any authorized service
23 under subsection (b), if the service is a service that
24 the State involved is required or has elected to pro-
25 vide under title XIX of the Social Security Act, the

1 grant will not be expended to provide the service to
2 any individual to whom the State is required or has
3 elected under such title to provide the service.

4 “(2) The grant will not be expended to make
5 payment for any item or service to the extent that
6 payment has been made, or can reasonably be ex-
7 pected to be made, with respect to such item or serv-
8 ice—

9 “(A) under a health insurance policy or
10 plan (including a group health plan or a pre-
11 paid health plan);

12 “(B) under any Federal or State health
13 benefits program, including any program under
14 title V, XVIII, or XIX of the Social Security
15 Act; or

16 “(C) under subpart II of part B of title
17 XIX of this Act.

18 “(g) MAINTENANCE OF EFFORT.—

19 “(1) GRANTEE.—With respect to authorized
20 services under subsection (b), the Secretary may
21 make a grant under subsection (a) only if the appli-
22 cant involved agrees to maintain expenditures of
23 non-Federal amounts for such services at a level
24 that is not less than the level of such expenditures
25 maintained by the applicant for fiscal year 1991.

1 “(2) RELEVANT POLITICAL SUBDIVISIONS.—

2 With respect to authorized services under subsection
3 (b), the Secretary may make a grant under sub-
4 section (a) only if each political subdivision in the
5 service area of the demonstration project involved
6 agrees to maintain expenditures of non-Federal
7 amounts for such services at a level that is not less
8 than the level of such expenditures maintained by
9 the political subdivision for fiscal year 1991.

10 “(h) RESTRICTIONS ON EXPENDITURE OF GRANT.—

11 “(1) IN GENERAL.—Except as provided in para-
12 graph (3), the Secretary may make a grant under
13 subsection (a) only if the applicant involved agrees
14 that the grant will not be expended—

15 “(A) to provide inpatient services, except
16 with respect to residential treatment for sub-
17 stance abuse provided in settings other than
18 hospitals;

19 “(B) to make cash payments to intended
20 recipients of health services or mental health
21 services; or

22 “(C) to purchase or improve real property
23 (other than minor remodeling of existing im-
24 provements to real property) or to purchase
25 major medical equipment (other than mobile

1 medical units for providing ambulatory prenatal
2 services).

3 “(2) ADMINISTRATIVE EXPENSES; DATA COL-
4 LECTION.—The Secretary may make a grant under
5 subsection (a) only if the applicant involved agrees
6 that not more than an aggregate 10 percent of the
7 grant will be expended for administering the grant
8 and the collection and analysis of data.

9 “(3) WAIVER.—If the Secretary finds that the
10 purpose described in subsection (a) cannot otherwise
11 be carried out, the Secretary may, with respect to an
12 otherwise qualified applicant, waive the restriction
13 established in paragraph (1)(C).

14 “(i) DETERMINATION OF CAUSE OF INFANT
15 DEATHS.—The Secretary may make a grant under sub-
16 section (a) only if the applicant involved—

17 “(1) agrees to provide for a determination of
18 the cause of each infant death in the service area of
19 the demonstration project involved; and

20 “(2) the applicant has made such arrangements
21 with public entities as may be necessary to carry out
22 paragraph (1).

23 “(j) ANNUAL REPORTS TO SECRETARY.—The Sec-
24 retary may make a grant under subsection (a) only if the
25 applicant involved agrees that, for each fiscal year for

1 which the applicant operates a demonstration project
2 under such subsection the applicant will, not later than
3 April 1 of the subsequent fiscal year, submit to the Sec-
4 retary a report providing the following information with
5 respect to the project:

6 “(1) The number of individuals that received
7 authorized services, and the demographic character-
8 istics of the population of such individuals.

9 “(2) The types of authorized services provided,
10 including the types of ambulatory prenatal services
11 provided and the trimester of the pregnancy in
12 which the services were provided.

13 “(3) The sources of payment for the authorized
14 services provided.

15 “(4) The extent to which children under age 2
16 receiving authorized services have received the ap-
17 propriate number and variety of immunizations
18 against vaccine-preventable diseases.

19 “(5) An analysis of the causes of death deter-
20 mined under subsection (i).

21 “(6) The extent of progress being made toward
22 meeting the health status objectives specified in sub-
23 section (a)(2).

24 “(7) The extent to which, in the service area in-
25 volved, progress is being made toward meeting the

1 participation goals established for the State by the
2 Secretary under section 1905(r) of the Social Secu-
3 rity Act (relating to early periodic screening, diag-
4 nostic, and treatment services for children under the
5 age of 21).

6 “(k) COMMUNITY PARTICIPATION.—The Secretary
7 may make a grant under subsection (a) only if the appli-
8 cant involved agrees that, in preparing the proposal of the
9 applicant for the demonstration project involved, and in
10 the operation of the project, the applicant will consult with
11 the residents of the service area for the project and with
12 public and nonprofit private entities that provide author-
13 ized services to such residents.

14 “(l) APPLICATION FOR GRANT.—The Secretary may
15 make a grant under subsection (a) only if an application
16 for the grant is submitted to the Secretary and the appli-
17 cation is in such form, is made in such manner, and con-
18 tains such agreements, assurances, and information as the
19 Secretary determines to be necessary to carry out this sub-
20 section.

21 “(m) REPORT TO CONGRESS.—Not later than Feb-
22 ruary 1, 1998, the Secretary shall submit to the Commit-
23 tee on Energy and Commerce of the House of Representa-
24 tives, and the Committee on Labor and Human Resources
25 of the Senate, a report—

1 “(1) summarizing the reports received by the
2 Secretary under subsection (j);

3 “(2) describing the extent to which the Sec-
4 retary has, in the service areas of such projects,
5 been successful in meeting the health status objec-
6 tives specified in subsection (a)(2); and

7 “(3) describing the extent to which demonstra-
8 tion projects under subsection (a) have been cost ef-
9 fective.

10 “(n) LIMITATION ON CERTAIN EXPENSES OF SEC-
11 RETARY.—Of the amounts appropriated under subsection
12 (p) for a fiscal year, the Secretary may not obligate more
13 than an aggregate 5 percent for the administrative costs
14 of the Secretary in carrying out this section, for the provi-
15 sion of technical assistance regarding demonstration
16 projects under subsection (a), and for evaluations of such
17 projects.

18 “(o) DEFINITIONS.—For purposes of this section:

19 “(1) The term ‘authorized services’ means the
20 services specified in subsection (b).

21 “(2) The terms ‘Indian tribe’ and ‘tribal organi-
22 zation’ have the meaning given such terms in section
23 4(b) and section 4(c) of the Indian Self-Determina-
24 tion and Education Assistance Act.

1 “(3) The term ‘service area’, with respect to a
2 demonstration project under subsection (a), means
3 the geographic area specified in subsection (c).

4 “(p) AUTHORIZATION OF APPROPRIATIONS.—For the
5 purpose of carrying out this section, there are authorized
6 to be appropriated such sums as may be necessary for
7 each of the fiscal years 1995 through 1997.

8 “(q) SUNSET.—Effective October 1, 1997, this sec-
9 tion is repealed.”.

10 (b) CERTAIN PROVISIONS REGARDING REPORTS.—

11 (1) FISCAL YEAR 1995.—With respect to grants
12 under section 330A of the Public Health Service Act
13 (as added by subsection (a) of this section), the Sec-
14 retary of Health and Human Services may make a
15 grant under such section for fiscal year 1995 only
16 if the applicant for the grant agrees to submit to the
17 Secretary, not later than April 1 of such year, a re-
18 port on any federally-supported project of the appli-
19 cant that is substantially similar to the demonstra-
20 tion projects authorized in such section 330A, which
21 report provides, to the extent practicable, the infor-
22 mation described in subsection (j) of such section.

23 (2) FISCAL YEAR 1997.—With respect to grants
24 for fiscal year 1997 under section 330A of the Pub-
25 lic Health Service Act (as added by subsection (a)

1 of this section), the requirement under subsection (j)
2 of such section that a report be submitted not later
3 than April 1, 1998, remains in effect notwithstand-
4 ing the repeal of such section pursuant to subsection
5 (q) of such section.

6 (c) LAPSE OF FUNDS.—Effective October 1, 1997,
7 all unexpended portions of amounts appropriated for
8 grants under 330A of the Public Health Service Act (as
9 added by subsection (a) of this section) are unavailable
10 for obligation or expenditure, without regard to whether
11 the amounts have been received by the grantees involved.

12 (d) USE OF GENERAL AUTHORITY UNDER PUBLIC
13 HEALTH SERVICE ACT.—With respect to the program es-
14 tablished in section 330A of the Public Health Service Act
15 (as added by subsection (a) of this section), section 301
16 of such Act may not be construed as providing to the Sec-
17 retary of Health and Human Services any authority to
18 carry out, during any fiscal year in which such program
19 is in operation, any demonstration project to provide any
20 of the services specified in subsection (b) of such section
21 330A.

22 **SEC. 209. DEMONSTRATION PROJECTS REGARDING DIA-**
23 **BETIC-RETINOPATHY.**

24 (a) IN GENERAL.—The Secretary of Health and
25 Human Services, acting through the Director of the Cen-

ters for Disease Control and Prevention and in consultation with the Director of the National Eye Institute, may make grants to public and nonprofit private entities for demonstration projects to serve the populations specified in subsection (b) by carrying out, with respect to the eye disorder known as diabetic retinopathy, activities regarding information, identification, dissemination, education, and prevention.

(b) RELEVANT POPULATIONS.—The populations referred to in subsection (a) are minority populations that are at significant risk of contracting diabetes mellitus.

(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of the fiscal years 1995 through 1997.

TITLE III—HEALTH PROFESSIONS PROGRAMS

SEC. 301. PRIMARY CARE SCHOLARSHIPS FOR STUDENTS FROM DISADVANTAGED BACKGROUNDS.

(a) IN GENERAL.—Section 736 of the Public Health Service Act (42 U.S.C. 293) is amended to read as follows:

“SEC. 736. PRIMARY CARE SCHOLARSHIPS FOR STUDENTS FROM DISADVANTAGED BACKGROUNDS.

“(a) IN GENERAL.—The Secretary may in accordance with this section award scholarships to individuals

1 described in subsection (b) for the purpose of assisting the
2 individuals with the costs of attending schools of medicine
3 or osteopathic medicine, schools of dentistry, schools of
4 nursing (as defined in section 853), graduate programs
5 in mental health practice, and programs for the training
6 of physician assistants.

7 “(b) ELIGIBLE INDIVIDUALS.—An individual re-
8 ferred to in subsection (a) is any individual meeting the
9 following conditions:

10 “(1) The individual is from a disadvantaged
11 background.

12 “(2) The individual is enrolled (or accepted for
13 enrollment) at an eligible school as a full-time stu-
14 dent in a program leading to a degree in a health
15 profession.

16 “(3) The individual enters into the contract re-
17 quired pursuant to subsection (d) as a condition of
18 receiving the scholarship (relating to an agreement
19 to provide primary health services in a health profes-
20 sional shortage area designated under section 332).

21 “(c) PREFERENCES REGARDING AWARDS; SPECIAL
22 CONSIDERATION.—In awarding scholarships under sub-
23 section (a), the Secretary shall—

1 “(1) give preference to eligible individuals for
2 whom the costs of attending the school involved
3 would constitute a severe financial hardship; and

4 “(2) give special consideration to eligible indi-
5 viduals who received scholarships pursuant to this
6 section, section 737, or section 740(d)(2) for fiscal
7 year 1993 or 1994 and are seeking scholarships for
8 attendance at eligible schools that received a grant
9 under any of such sections for any of such fiscal
10 years.

11 “(d) APPLICABILITY OF CERTAIN PROVISIONS.—Ex-
12 cept as inconsistent with this section, the provisions of
13 subpart III of part D of title III apply to an award of
14 a scholarship under subsection (a) to the same extent and
15 in the same manner as such provisions apply to an award
16 of a scholarship under section 338A. This section shall be
17 carried out by the bureau that administers such subpart
18 III.

19 “(e) DEFINITIONS.—For purposes of this section:

20 “(1) The term ‘eligible individual’ means an in-
21 dividual described in subsection (b).

22 “(2) The term ‘eligible school’ means a school
23 or program specified in subsection (a).

24 “(f) FUNDING.—

1 “(1) AUTHORIZATION OF APPROPRIATIONS.—

2 For the purpose of carrying out this section, there
3 are authorized to be appropriated \$34,000,000 for
4 fiscal year 1995, \$50,000,000 for fiscal year 1996,
5 and \$65,000,000 for fiscal year 1997.

6 “(2) ALLOCATIONS BY SECRETARY.—Of the
7 amounts appropriated for a fiscal year under para-
8 graph (1), the Secretary shall make available—

9 “(A) 20 percent for scholarships under
10 subsection (a) for attendance at schools of
11 nursing; and

12 “(B) 15 percent for scholarships under
13 such subsection for attendance at graduate pro-
14 grams in mental health practice.”.

15 (b) CERTAIN PROGRAMS OF OBLIGATED SERVICE.—

16 (1) REPEAL.—Section 795 of the Public Health
17 Service Act (42 U.S.C. 295n) is repealed.

18 (2) RULE OF CONSTRUCTION.—Paragraph (1)
19 does not terminate agreements in effect on the day
20 before the date of the enactment of this Act pursu-
21 ant to section 795 of the Public Health Service Act.
22 Such agreements continue in effect in accordance
23 with the terms of the agreements. With respect to
24 compliance with such agreements, any period of
25 practice as a provider of primary health services

1 (whether provided pursuant to other agreements
2 with the Federal Government or whether provided
3 otherwise) counts toward satisfaction of the require-
4 ment of practice pursuant to such section 795.

5 **SEC. 302. SCHOLARSHIPS GENERALLY; CERTAIN OTHER**
6 **PURPOSES.**

7 (a) RELEVANT HEALTH PROFESSIONS SCHOOLS.—
8 Section 737(a)(3) of the Public Health Service Act (42
9 U.S.C. 293a(a)(3)) is amended—

10 (1) by striking “medicine,” and all that follows
11 through “dentistry,”; and

12 (2) by striking “allied health,” and all that fol-
13 lows and inserting “allied health.”.

14 (b) ELIGIBLE INDIVIDUALS.—

15 (1) IN GENERAL.—Section 737(a)(2) of the
16 Public Health Service Act (42 U.S.C. 293a(a)(2)) is
17 amended to read as follows:

18 “(2) ELIGIBLE INDIVIDUALS.—An individual
19 referred to in paragraph (1) is any individual meet-
20 ing the following conditions:

21 “(A) The individual is from a disadvan-
22 taged background.

23 “(B) The individual is enrolled (or accept-
24 ed for enrollment) as a full-time student in a

1 health professions school specified in paragraph
2 (3).

3 “(C) The individual enters into the con-
4 tract required pursuant to subsection (e) as a
5 condition of receiving the scholarship under
6 paragraph (1) (relating to an agreement to pro-
7 vide services).”.

8 (2) CERTAIN REQUIREMENT.—Section 737 of
9 the Public Health Service Act (42 U.S.C. 293a) is
10 amended—

11 (A) in subsection (a)(1), by striking “sub-
12 section (e)” and inserting “subsection (f)”;

13 (B) by redesignating subsections (e)
14 through (h) as subsections (f) through (i), re-
15 spectively; and

16 (C) by inserting after subsection (d) the
17 following subsection:

18 “(e) APPLICABILITY OF CERTAIN PROVISIONS.—

19 “(1) IN GENERAL.—Except as inconsistent with
20 this section, and subject to paragraph (2), the provi-
21 sions of subpart III of part D of title III apply to
22 an award of a scholarship under subsection (a) to
23 the same extent and in the same manner as such
24 provisions apply to an award of a scholarship under

1 section 338A. This section shall be carried out by
2 the bureau that administers such subpart III.

3 “(2) CERTAIN INDIVIDUALS.—

4 “(A) In the case of an individual who re-
5 ceives a scholarship under subsection (a) for at-
6 tendance at a school of veterinary medicine, the
7 contract referred to in subsection (a)(2)(C) is a
8 contract under which the individual agrees that,
9 after completing training in such medicine, the
10 individual will, in accordance with requirements
11 established under subparagraph (B), conduct or
12 assist in the conduct of research regarding
13 human health or safety. Except as inconsistent
14 with this section, the provisions specified in
15 paragraph (1) with respect to title III apply to
16 such a scholarship to the same extent and in
17 the same manner as such provisions apply to an
18 award of a scholarship under section 338A.

19 “(B) The Secretary shall establish require-
20 ments regarding contracts under subparagraph
21 (A).”.

22 (c) FUNDING.—Section 737(i) of the Public Health
23 Service Act, as redesignated by subsection (b)(2) of this
24 section, is amended—

1 (1) in paragraph (1), by inserting before the pe-
2 riod the following: “, and \$6,000,000 for each of the
3 fiscal years 1994 through 1997”; and

4 (2) in paragraph (2)(A), by striking “30 per-
5 cent” and all that follows and inserting the follow-
6 ing: “50 percent for such grants to schools of allied
7 health; and”.

8 **SEC. 303. LOAN REPAYMENTS AND FELLOWSHIPS REGARD-**
9 **ING FACULTY POSITIONS.**

10 (a) LOAN REPAYMENTS.—Section 738(a) of the Pub-
11 lic Health Service Act (42 U.S.C. 293b(a)) is amended—

12 (1) by striking paragraphs (4) and (6);

13 (2) by redesignating paragraphs (5) and (7) as
14 paragraphs (4) and (5), respectively; and

15 (3) in paragraph (4) (as so redesignated), by
16 amending subparagraph (B) to read as follows:

17 “(B) the contract referred to in subpara-
18 graph (A) provides that the school, in making
19 a determination of the amount of compensation
20 to be provided by the school to the individual
21 for serving as a member of the faculty, will
22 make the determination without regard to the
23 amount of payments made (or to be made) to
24 the individual by the Federal Government under
25 paragraph (1).”.

1 (b) AUTHORIZATION OF APPROPRIATIONS REGARD-
2 ING LOAN REPAYMENTS AND FELLOWSHIPS.—Section
3 738(c) of the Public Health Service Act (42 U.S.C.
4 293b(c)) is amended by striking “there is” and all that
5 follows and inserting the following: “there is authorized
6 to be appropriated \$1,000,000 for each of the fiscal years
7 1995 through 1997.”.

8 **SEC. 304. CENTERS OF EXCELLENCE.**

9 (a) REFERENCES TO SCHOOLS.—Section 739 of the
10 Public Health Service Act (42 U.S.C. 293c) is amended—

11 (1) by striking “health professions schools”
12 each place such term appears and inserting “des-
13 ignated health professions schools”; and

14 (2) by striking “health professions school” each
15 place such term appears and inserting “designated
16 health professions school”.

17 (b) REQUIRED USES OF FUNDS.—Section 739(b) of
18 the Public Health Service Act (42 U.S.C. 293c(b)), as
19 amended by subsection (a), is amended—

20 (1) by striking paragraph (2);

21 (2) by redesignating paragraph (1) as para-
22 graph (2);

23 (3) by inserting before paragraph (2) (as so re-
24 designated) the following paragraph:

1 “(1) to collaborate with public and nonprofit
2 private entities to carry out community-based pro-
3 grams to recruit students of secondary schools and
4 institutions of higher education and to prepare the
5 students academically for attendance at the des-
6 ignated health professions school;”;

7 (4) in paragraph (5)—

8 (A) by striking “faculty and student re-
9 search” and inserting “student research”; and

10 (B) by inserting before the period the fol-
11 lowing: “, including research on issues relating
12 to the delivery of health care”; and

13 (5)(A) in paragraph (4), by striking “and”
14 after the semicolon at the end;

15 (B) in paragraph (5), by striking the period at
16 the end and inserting “; and”; and

17 (C) by adding at the end the following para-
18 graph:

19 “(6) to carry out a program to train students
20 of the school in providing health services to minority
21 individuals, which program includes training pro-
22 vided at community-based health facilities that pro-
23 vide such services to a significant number of minor-
24 ity individuals and that are located at a site remote

1 from the main site of the teaching facilities of the
2 school.”.

3 (c) REQUIREMENTS REGARDING CONSORTIA.—

4 (1) IN GENERAL.—Section 739(c)(1) of the
5 Public Health Service Act (42 U.S.C. 293c(c)(1)), as
6 amended by subsection (a), is amended—

7 (A) in subparagraph (A), in the matter
8 preceding clause (i), by striking “specified in
9 subparagraph (B)” and inserting “specified in
10 subparagraphs (B) and (C)”;

11 (B) by redesignating subparagraph (C) as
12 subparagraph (D); and

13 (C) by inserting after subparagraph (B)
14 the following subparagraph:

15 “(C) The condition specified in this sub-
16 paragraph is that, in accordance with sub-
17 section (e)(1), the designated health professions
18 school involved has with other health profession
19 schools (designated or otherwise) formed a con-
20 sortium to carry out the purposes described in
21 subsection (b) at the schools of the consortium.
22 The grant involved may be expended with re-
23 spect to the other schools without regard to
24 whether such schools meet the conditions speci-
25 fied in subparagraph (B).”.

1 (2) CERTAIN REQUIREMENTS.—Section 739(e)
2 of the Public Health Service Act (42 U.S.C.
3 293c(e)), as amended by subsection (a), is amended
4 to read as follows:

5 “(e) PROVISIONS REGARDING CONSORTIA.—

6 “(1) REQUIREMENTS.—For purposes of sub-
7 section (c)(1)(C), a consortium of schools has been
8 formed in accordance with this subsection if—

9 “(A) the consortium consists of—

10 “(i) the designated health professions
11 school seeking the grant under subsection
12 (a); and

13 “(ii) 1 or more schools of medicine,
14 osteopathic medicine, dentistry, pharmacy,
15 nursing, allied health, or public health, or
16 graduate programs in mental health prac-
17 tice;

18 “(B) the schools of the consortium have
19 entered into an agreement for the allocation of
20 such grant among the schools; and

21 “(C) each of the schools agrees to expend
22 the grant in accordance with this section.

23 “(2) AUTHORITY REGARDING NATIVE AMERI-
24 CANS CENTERS OF EXCELLENCE.—With respect to
25 meeting the conditions specified in subsection (c)(4),

1 the Secretary may make a grant under subsection
2 (a) to a designated health professions school that
3 does not meet such conditions if—

4 “(A) the school has formed a consortium
5 in accordance with paragraph (1); and

6 “(B) the schools of the consortium collec-
7 tively meet such conditions, without regard to
8 whether the schools individually meet such con-
9 ditions.”.

10 (3) CONFORMING AMENDMENTS.—Section 739
11 of the Public Health Service Act (42 U.S.C. 293c),
12 as amended by subsection (a), is amended—

13 (A) in subsection (b), in the matter preced-
14 ing paragraph (1), by inserting “, subject to
15 subsection (c)(1)(C),” after “agrees”; and

16 (B) in subsection (d)—

17 (i) in paragraph (3), by striking “(e)”
18 and inserting “(e)(2)”; and

19 (ii) by adding at the end the following
20 paragraph:

21 “(4) RULE OF CONSTRUCTION.—Except as pro-
22 vided in paragraph (3) regarding a consortium
23 under subsection (e)(2), a health professions school
24 that does not meet the conditions specified in sub-
25 section (c)(1)(B) may not be designated as a center

1 of excellence for purposes of this section. The pre-
2 ceding sentence applies without regard to whether a
3 grant under subsection (a) is, pursuant to subsection
4 (c)(1)(C), being expended with respect to the
5 school.”.

6 (d) DEFINITION OF HEALTH PROFESSIONS
7 SCHOOL.—

8 (1) GRADUATE PROGRAMS IN MENTAL HEALTH
9 PRACTICE.—Section 739(h)(1)(A) of the Public
10 Health Service Act (42 U.S.C. 293c(h)(1)(A)), as
11 amended by subsection (a), is amended by—

12 (A) by striking “or” after “dentistry”; and

13 (B) by inserting before the period the fol-
14 lowing: “, or a graduate program in mental
15 health practice”.

16 (2) LIMITATION.—During the fiscal years 1995
17 through 1997, the Secretary of Health and Human
18 Services may not make more than one grant under
19 section 739 of the Public Health Service Act directly
20 to a graduate program in mental health practice (as
21 defined in section 799 of such Act).

22 (e) FUNDING.—Section 739(i) of the Public Health
23 Service Act (42 U.S.C. 293c(i)), as amended by subsection
24 (a), is amended to read as follows:

25 “(i) FUNDING.—

1 “(1) AUTHORIZATION OF APPROPRIATIONS.—

2 For the purpose of making grants under subsection
3 (a), there are authorized to be appropriated
4 \$28,000,000 for fiscal year 1995, \$30,000,000 for
5 fiscal year 1996, and \$32,000,000 for fiscal year
6 1997.

7 “(2) ALLOCATIONS BY SECRETARY.—

8 “(A) Of the amounts appropriated under
9 paragraph (1) for a fiscal year, the Secretary
10 shall make available \$12,000,000 for grants
11 under subsection (a) to health professions
12 schools that are eligible for such grants pursu-
13 ant to meeting the conditions described in para-
14 graph (2)(A) of subsection (c).

15 “(B) Of the amounts appropriated under
16 paragraph (1) for a fiscal year and available
17 after compliance with subparagraph (A), the
18 Secretary shall make available 65 percent for
19 grants under subsection (a) to health profes-
20 sions schools that are eligible for such grants
21 pursuant to meeting the conditions described in
22 paragraph (3) or (4) of subsection (c) (includ-
23 ing meeting conditions pursuant to subsection
24 (e)(2)).

1 “(C)(i) Of the amounts appropriated under
2 paragraph (1) for a fiscal year and available
3 after compliance with subparagraph (A), the
4 Secretary shall make available 35 percent for
5 grants under subsection (a) to health profes-
6 sions schools that are eligible for such grants
7 pursuant to meeting the conditions described in
8 paragraph (5) of subsection (c).

9 “(ii) With respect to a fiscal year, a grant
10 under subsection (a) that includes amounts
11 available under subparagraph (A) may not in-
12 clude amounts available under clause (i) unless
13 each of the following conditions is met:

14 “(I) In the case of amounts available
15 under subparagraph (B) or clause (i) and
16 included in grants made pursuant to sub-
17 section (c)(3), the aggregate number of
18 such grants is not less than such aggregate
19 number for the preceding fiscal year, and
20 one or more of such grants is made in an
21 amount that is not less than the lowest
22 amount among grants made from amounts
23 available under subparagraph (A).

24 “(II) In the case of amounts available
25 under subparagraph (B) or clause (i) and

1 included in grants made pursuant to sub-
2 section (c)(4), the aggregate number of
3 such grants is not less than such aggregate
4 number for the preceding fiscal year, and
5 one or more of such grants is made in an
6 amount that is not less than the lowest
7 amount among grants made from amounts
8 available under subparagraph (A).

9 “(III) In the case of amounts avail-
10 able under clause (i) and included in
11 grants made pursuant to subsection (c)(5)
12 (exclusive of grants that include amounts
13 available under subparagraph (A) or (B)),
14 the aggregate number of such grants is not
15 less than such aggregate number for the
16 preceding fiscal year, and one or more of
17 such grants is made in an amount that is
18 not less than the lowest amount among
19 grants made from amounts available under
20 subparagraph (A).

21 “(IV) The aggregate amount of
22 grants under subsection (a) made from
23 amounts available under subparagraph (B)
24 and clause (i) (other than grants that in-
25 clude amounts available under subpara-

1 graph (A)) is not less than such aggregate
2 amount for the preceding fiscal year.”.

3 (f) CONFORMING AMENDMENTS.—Section 739(b) of
4 the Public Health Service Act (42 U.S.C. 293c(b)), as
5 amended by subsection (a), is amended—

6 (1) in paragraph (3)(B), by striking “the des-
7 ignated health professions school” and inserting
8 “the school”; and

9 (2) in paragraph (4), in each of subparagraphs
10 (B) and (C), by striking “the designated health pro-
11 fessions school” and inserting “the school”.

12 (g) TRANSITIONAL AND SAVINGS PROVISIONS.—

13 (1) IN GENERAL.—In the case of any entity re-
14 ceiving a grant under section 739 of the Public
15 Health Service Act for fiscal year 1994, the Sec-
16 retary of Health and Human Services may, during
17 the period specified in paragraph (2), waive any or
18 all of the additional requirements established pursu-
19 ant to this section for the receipt or expenditure of
20 such a grant, subject to the entity providing assur-
21 ances satisfactory to the Secretary that the entity is
22 making progress toward meeting such requirements.

23 (2) RELEVANT PERIOD.—In the case of any en-
24 tity receiving a grant under section 739 of the Pub-
25 lic Health Service Act for fiscal year 1994, the pe-

1 riod referred to in paragraph (1) is the period that,
2 in first approving the grant, the Secretary specified
3 as the duration of the grant.

4 **SEC. 305. EDUCATIONAL ASSISTANCE REGARDING UNDER-**
5 **GRADUATES.**

6 (a) IN GENERAL.—Section 740 of the Public Health
7 Service Act (42 U.S.C. 293d) is amended to read as fol-
8 lows:

9 **“SEC. 740. ASSISTANCE REGARDING HEALTH PROFESSIONS**
10 **AS CAREER CHOICE.**

11 “(a) IN GENERAL.—

12 “(1) ACADEMIC PREPARATION OF STUDENTS.—
13 Subject to the provisions of this section, the Sec-
14 retary may make grants and enter into contracts for
15 purposes of—

16 “(A) identifying individuals who—

17 “(i) are students of elementary
18 schools, or students or graduates of sec-
19 ondary schools or of institutions of higher
20 education;

21 “(ii) are from disadvantaged back-
22 grounds; and

23 “(iii) are interested in a career in the
24 health professions; and

1 “(B) providing to such individuals aca-
2 demic assistance, counseling, and other services
3 to prepare the students to meet the academic
4 requirements for entry into health professions
5 schools.

6 “(2) RECIPIENTS OF GRANTS AND CON-
7 TRACTS.—The Secretary may make an award of a
8 grant or contract under paragraph (1) only if the
9 applicant for the award is a nonprofit private com-
10 munity-based organization or other public or non-
11 profit private entity. Such other entities include
12 schools of medicine, osteopathic medicine, public
13 health, dentistry, veterinary medicine, optometry,
14 pharmacy, allied health, chiropractic, and podiatric
15 medicine, and include graduate programs in mental
16 health practice.

17 “(3) CERTAIN USES OF AWARDS.—The pur-
18 poses for which the Secretary may authorize an
19 award under paragraph (1) to be expended include
20 the following:

21 “(A) Assisting elementary and secondary
22 schools and institutions of higher education in
23 developing or improving programs to prepare
24 students to meet the academic requirements for
25 entry into health professions schools.

1 “(B) Establishing arrangements with non-
2 profit private community-based providers of pri-
3 mary health services under which students are
4 provided with opportunities to visit or work at
5 facilities of such providers and gain experience
6 regarding a career in a field of primary health
7 care.

8 “(C) Developing or improving programs to
9 enhance the academic preparation of advanced,
10 prehealth professions students or
11 postbaccalaureate individuals to successfully
12 enter a health professions school.

13 “(D) In the case of an award under para-
14 graph (1) that the Secretary has authorized to
15 be expended for the purpose described in sub-
16 paragraph (B) or (C), paying such stipends as
17 the Secretary may approve for individuals from
18 disadvantaged backgrounds for any period of
19 education in student-enhancement programs
20 (other than regular courses), except that such a
21 stipend may not be provided to an individual
22 for more than 12 months, and such a stipend
23 shall be in an amount of \$25 per day (notwith-
24 standing any other provision of law regarding
25 the amount of stipends).

1 “(b) MINIMUM REQUIREMENTS FOR AWARDS.—

2 “(1) ASSURANCES REGARDING FINANCIAL CA-
3 PACITY.—The Secretary may make an award of a
4 grant or contract under subsection (a) only if the
5 applicant provides assurances satisfactory to the
6 Secretary that, with respect to the activities for
7 which the award is to be made, the applicant has or
8 will have the financial capacity to continue the ac-
9 tivities after the eligibility of the applicant for such
10 awards for such activities is terminated pursuant to
11 subsection (e).

12 “(2) COLLABORATION AMONG VARIOUS ENTI-
13 TIES.—The Secretary may make an award of a
14 grant or contract under subsection (a) only if the
15 applicant for the award has entered into an agree-
16 ment with any schools, institutions, community-
17 based organizations, or other entities with which the
18 applicant will collaborate in carrying out activities
19 under the award, and the agreement specifies wheth-
20 er and to what extent the award will be allocated
21 among the applicant and the entities.

22 “(3) MATCHING FUNDS.—

23 “(A) With respect to the costs of the ac-
24 tivities to be carried out under subsection (a)
25 by an applicant, the Secretary may make an

1 award of a grant or contract under such sub-
2 section only if the applicant agrees to make
3 available (directly or through donations from
4 public or private entities), in cash, non-Federal
5 contributions toward such costs in an amount
6 that—

7 “(i) for any second fiscal year for
8 which the applicant receives such a grant,
9 is not less than 20 percent of such costs;

10 “(ii) for any third such fiscal year, is
11 not less than 20 percent of such costs;

12 “(iii) for any fourth such fiscal year,
13 is not less than 40 percent of such costs;

14 “(iv) for any fifth such fiscal year, is
15 not less than 60 percent of such costs; and

16 “(v) for any sixth or subsequent such
17 fiscal year, is not less than 80 percent of
18 such costs.

19 “(B) Amounts provided by the Federal
20 Government may not be included in determin-
21 ing the amount of non-Federal contributions re-
22 quired in subparagraph (A).

23 “(C) The Secretary may not require non-
24 Federal contributions for the first fiscal year

1 for which an applicant receives a grant under
2 subsection (a).

3 “(c) PREFERENCE IN MAKING AWARDS.—

4 “(1) IN GENERAL.—Subject to paragraph (2),
5 in making awards of grants and contracts under
6 subsection (a), the Secretary shall give preference to
7 any applicant that has made an arrangement with 1
8 or more elementary schools, an arrangement with 1
9 or more secondary schools, an arrangement with 1
10 or more institutions of higher education, an arrange-
11 ment with 1 or more health professions schools, and
12 an arrangement with 1 or more community-based or-
13 ganizations, the purpose of which arrangements is to
14 establish a program as follows:

15 “(A) With respect to the elementary
16 schools involved, the program carries out the
17 purposes described in subsection (a)(1).

18 “(B) After a student identified pursuant to
19 paragraph (1) enters the secondary school in-
20 volved, the program continues to carry out such
21 purposes with respect to the student.

22 “(C) After graduating from the secondary
23 school, the student enters the institution of
24 higher education involved, subject to meeting
25 reasonable academic requirements, and the pro-

1 gram continues to carry out such purposes with
2 respect to the student.

3 “(D) After graduating from the institution
4 of higher education, the student enters the
5 health professions school involved, subject to
6 meeting reasonable academic requirements.

7 “(2) REQUIREMENT REGARDING SCHOOLS AND
8 INSTITUTIONS.—For purposes of paragraph (1), an
9 applicant may not receive preference unless the
10 schools or institutions with which arrangements have
11 been made are schools or institutions whose enroll-
12 ment of students includes a significant number of
13 individuals from disadvantaged backgrounds.

14 “(d) LIMITATION ON YEARS OF FUNDING FOR PAR-
15 TICULAR ACTIVITIES.—With respect to a particular activ-
16 ity carried out under paragraph (1) or (3) of subsection
17 (a) by an entity, the Secretary may not, for the activity
18 involved, provide more than 6 years of financial assistance
19 under such subsection to the entity.

20 “(e) FUNDING.—

21 “(1) AUTHORIZATION OF APPROPRIATIONS.—
22 For the purpose of carrying out this section and sec-
23 tion 736, there are authorized to be appropriated
24 \$32,000,000 for fiscal year 1995, \$36,000,000 for

1 fiscal year 1996, and \$38,000,000 for fiscal year
2 1997.

3 “(2) ALLOCATIONS.—Of the amounts appro-
4 priated under paragraph (1) for a fiscal year, the
5 Secretary shall obligate not less than 20 percent for
6 carrying out subsection (a)(3)(B) and not less than
7 20 percent for providing scholarships under section
8 736.”.

9 (b) TRANSITIONAL AND SAVINGS PROVISION.—In the
10 case of an entity that received an award of a grant or
11 contract for fiscal year 1994 under section 740 of the Pub-
12 lic Health Service Act, the Secretary of Health and
13 Human Services may continue in effect the award in ac-
14 cordance with the terms of the award, subject to the dura-
15 tion of the award not exceeding the period determined by
16 the Secretary in first approving the award. The preceding
17 sentence applies notwithstanding the amendment made by
18 subsection (a) of this section.

19 **SEC. 306. STUDENT LOANS REGARDING SCHOOLS OF NURS-**
20 **ING.**

21 Section 836(b) of the Public Health Service Act (42
22 U.S.C. 297b(b)) is amended—

23 (1) in paragraph (1), by striking the period at
24 the end and inserting a semicolon;

25 (2) in paragraph (2)—

1 (A) in subparagraph (A), by striking
2 “and” at the end; and

3 (B) by inserting before the semicolon at
4 the end the following: “, and (C) such addi-
5 tional periods under the terms of paragraph (8)
6 of this subsection”;

7 (3) in paragraph (7), by striking the period at
8 the end and inserting “; and”; and

9 (4) by adding at the end the following para-
10 graph:

11 “(8) pursuant to uniform criteria established by
12 the Secretary, the repayment period established
13 under paragraph (2) for any student borrower who
14 during the repayment period failed to make consecu-
15 tive payments and who, during the last 12 months
16 of the repayment period, has made at least 12 con-
17 secutive payments may be extended for a period not
18 to exceed 10 years.”.

19 **SEC. 307. FEDERALLY-SUPPORTED STUDENT LOAN FUNDS.**

20 (a) AUTHORIZATION OF APPROPRIATIONS REGARD-
21 ING CERTAIN MEDICAL SCHOOLS.—

22 (1) IN GENERAL.—Subpart II of part A of title
23 VII of the Public Health Service Act (42 U.S.C.
24 292q et seq.) is amended—

1 (A) by transferring subsection (f) of sec-
2 tion 735 from the current placement of the sub-
3 section;

4 (B) by adding the subsection at the end of
5 section 723;

6 (C) by redesignating the subsection as sub-
7 section (e); and

8 (D) in subsection (e)(1) of section 723 (as
9 so redesignated), by striking “1996” and in-
10 serting “1997”.

11 (2) CONFORMING AMENDMENTS.—Section 723
12 of the Public Health Service Act (42 U.S.C. 292s),
13 as amended by paragraph (1) of this subsection, is
14 amended in subsection (e)(2)(A)—

15 (A) by striking “section 723(b)(2)” and in-
16 serting “subsection (b)(2)”; and

17 (B) by striking “such section” and insert-
18 ing “such subsection”.

19 (b) AUTHORIZATION OF APPROPRIATIONS REGARD-
20 ING INDIVIDUALS FROM DISADVANTAGED BACK-
21 GROUND.—Section 724(f)(1) of the Public Health Serv-
22 ice Act (42 U.S.C. 292t(f)(1)) is amended to read as fol-
23 lows:

24 “(1) IN GENERAL.—With respect to making
25 Federal capital contributions to student loan funds

1 for purposes of subsection (a), other than the stu-
2 dent loan fund of any school of medicine or osteo-
3 pathic medicine, there is authorized to be appro-
4 priated \$5,000,000 for each of the fiscal years 1995
5 through 1997.”.

6 **TITLE IV—RESEARCH**

7 **SEC. 401. OFFICE OF RESEARCH ON MINORITY HEALTH.**

8 Section 404 of the Public Health Service Act, as
9 added by section 151 of Public Law 103–43, is amended
10 by adding at the end the following subsections:

11 “(c) PLAN.—Subject to applicable law, the Director
12 of the Office, in consultation with the advisory committee
13 established under subsection (d), shall develop and imple-
14 ment a plan for carrying out the duties established in sub-
15 section (b). The Director shall review the plan not less
16 than annually, and revise the plan as appropriate.

17 “(d) ADVISORY COMMITTEE.—

18 “(1) In carrying out subsection (b), the Direc-
19 tor of the Office shall establish an advisory commit-
20 tee to be known as the Advisory Committee on Re-
21 search on Minority Health (in this subsection re-
22 ferred to as the ‘Committee’).

23 “(2)(A) The Committee shall be composed of
24 nonvoting, ex officio members designated in accord-

1 ance with subparagraph (B) and voting members ap-
2 pointed in accordance with subparagraph (C).

3 “(B) The Secretary shall designate as ex officio
4 members of the Committee the Directors of each of
5 the national research institutes and the Deputy As-
6 sistant Secretary for Minority Health (except that
7 any of such officials may designate another officer
8 or employee of the office or agency involved to serve
9 as a member of the Committee in lieu of the offi-
10 cial).

11 “(C) The Director of the Office shall appoint as
12 voting members of the Committee not fewer than 12
13 and not more than 18 individuals who are not offi-
14 cers or employees of the Federal Government. The
15 appointments shall be made from among scientists
16 and health professionals whose clinical practice, re-
17 search specialization, or professional expertise in-
18 cludes significant expertise in research on minority
19 health. The appointed membership of the Advisory
20 Committee shall be broadly representative of the
21 various minority groups.

22 “(3) The Director of the Office shall serve as
23 the chair of the Committee.

24 “(4) The Committee shall—

1 “(A) advise the Director of the Office on
2 appropriate research activities to be undertaken
3 by the national research institutes with respect
4 to—

5 “(i) research on minority health;

6 “(ii) research on racial and ethnic dif-
7 ferences in clinical drug trials, including
8 responses to pharmacological drugs;

9 “(iii) research on racial and ethnic
10 differences in disease etiology, course, and
11 treatment; and

12 “(iv) research on minority health con-
13 ditions which require a multidisciplinary
14 approach;

15 “(B) report to the Director of the Office
16 on such research;

17 “(C) provide recommendations to such Di-
18 rector regarding activities of the Office (includ-
19 ing recommendations on priorities in carrying
20 out research described in subparagraph (A));
21 and

22 “(D) assist in monitoring compliance with
23 section 492B regarding the inclusion of minori-
24 ties in clinical research.

1 “(5)(A) The Advisory Committee shall prepare
2 biennial reports describing the activities of the Com-
3 mittee, including findings made by the Committee
4 regarding—

5 “(i) compliance with section 492B;

6 “(ii) the extent of expenditures made for
7 research on minority health by the agencies of
8 the National Institutes of Health; and

9 “(iii) the level of funding needed for such
10 research.

11 “(B) Each report under subparagraph (A) shall
12 be submitted to the Director of NIH for inclusion in
13 the report required in section 403 for the period in-
14 volved.

15 “(e) REPRESENTATION OF MINORITIES AMONG RE-
16 SEARCHERS.—The Secretary, acting through the Assist-
17 ant Secretary for Personnel and in collaboration with the
18 Director of the Office, shall determine the extent to which
19 the various minority groups are represented among admin-
20 istrators, senior physicians, and scientists of the national
21 research institutes and among physicians and scientists
22 conducting research with funds provided by such insti-
23 tutes, and as appropriate, carry out activities to increase
24 the extent of such representation.

1 “(f) REQUIREMENT REGARDING GRANTS AND CON-
2 TRACTS.—Any award of a grant, cooperative agreement,
3 or contract that the Director of the Office is authorized
4 to make shall be made only on a competitive basis.

5 “(g) DEFINITIONS.—For purposes of this section:

6 “(1) The term ‘minority health conditions’, with
7 respect to individuals who are members of minority
8 groups, means all diseases, disorders, and conditions
9 (including with respect to mental health)—

10 “(A) unique to, more serious, or more
11 prevalent in such individuals;

12 “(B) for which the factors of medical risk
13 or types of medical intervention are different
14 for such individuals, or for which it is unknown
15 whether such factors or types are different for
16 such individuals; or

17 “(C) with respect to which there has been
18 insufficient clinical research involving such indi-
19 viduals as subjects or insufficient clinical data
20 on such individuals.

21 “(2) The term ‘research on minority health’
22 means research on minority health conditions, in-
23 cluding research on preventing such conditions.

24 “(3) The term ‘minority groups’ has the mean-
25 ing given such term in section 1707(h).”.

1 **SEC. 402. ACTIVITIES OF AGENCY FOR HEALTH CARE POL-**
2 **ICY AND RESEARCH.**

3 Title IX of the Public Health Service Act (42 U.S.C.
4 299 et seq.) is amended—

5 (1) in section 902, by amending subsection (b)
6 to read as follows:

7 “(b) REQUIREMENTS WITH RESPECT TO CERTAIN
8 POPULATIONS.—In carrying out subsection (a), the Ad-
9 ministrator shall undertake and support research, dem-
10 onstration projects, and evaluations with respect to the
11 health status of, and the delivery of health care to—

12 “(1) the populations of medically underserved
13 urban or rural areas (including frontier areas); and

14 “(2) low-income groups, minority groups, and
15 the elderly.”; and

16 (2) in section 926(a), by adding at the end the
17 following sentence: “Of the amounts appropriated
18 under the preceding sentence for a fiscal year, the
19 Administrator shall reserve not less than 8 percent
20 for carrying out section 902(b)(2).”.

21 **SEC. 403. DATA COLLECTION BY NATIONAL CENTER FOR**
22 **HEALTH STATISTICS.**

23 Section 306(n) of the Public Health Service Act (42
24 U.S.C. 242k(n)), as redesignated by section 501(a)(5)(B)
25 of Public Law 103–183 (107 Stat. 2237), is amended to
26 read as follows:

1 “(n)(1) For health statistical and epidemiological ac-
 2 tivities undertaken or supported under this section, there
 3 are authorized to be appropriated such sums as may be
 4 necessary for each of the fiscal years 1995 through 1998.

5 “(2) Of the amounts appropriated under paragraph
 6 (1) for a fiscal year, the Secretary shall obligate not less
 7 than an aggregate \$5,000,000 for carrying out subsections
 8 (h), (l), and (m) with respect to particular racial and eth-
 9 nic population groups, except that not more than
 10 \$100,000 may be expended in the aggregate for the ad-
 11 ministration of activities under subsection (m) and for ac-
 12 tivities described in paragraph (2) of such subsection.”.

13 **TITLE V—NATIVE HAWAIIAN** 14 **HEALTH CARE**

15 **SEC. 501. CLARIFICATION OF 1992 AMENDMENTS.**

16 (a) CLARIFICATION OF DATE OF PASSAGE.—Section
 17 9168 of the Department of Defense Appropriations Act,
 18 1993 (106 Stat. 1948) is amended by striking “September
 19 12, 1992,” and inserting “August 7, 1992,”.

20 (b) EFFECTIVE DATE.—The amendment made by
 21 subsection (a) shall take effect as of October 6, 1992.

1 **SEC. 502. AMENDMENT OF NATIVE HAWAIIAN HEALTH**
2 **CARE IMPROVEMENT ACT TO REFLECT 1992**
3 **AGREEMENT.**

4 Effective on the date of enactment of this Act, the
5 Native Hawaiian Health Care Improvement Act (42
6 U.S.C. 11701 et seq.) is amended to read as follows:

7 **“SECTION 1. SHORT TITLE.**

8 “This Act may be cited as the ‘Native Hawaiian
9 Health Care Improvement Act’.

10 **“SEC. 2. FINDINGS; DECLARATION OF POLICY; INTENT OF**
11 **CONGRESS.**

12 “(a) FINDINGS.—The Congress finds that—

13 “(1) the United States retains the legal respon-
14 sibility to enforce the administration of the public
15 trust responsibility of the State of Hawaii for the
16 betterment of the conditions of Native Hawaiians
17 under section 5(f) of Public Law 86–3 (73 Stat. 6;
18 commonly referred to as the ‘Hawaii Statehood Ad-
19 missions Act’);

20 “(2) in furtherance of the State of Hawaii’s
21 public trust responsibility for the betterment of the
22 conditions of Native Hawaiians, contributions by the
23 United States to the provision of comprehensive
24 health promotion and disease prevention services to
25 maintain and improve the health status of Native
26 Hawaiians are consistent with the historical and

1 unique legal relationship of the United States with
2 the government that represented the indigenous na-
3 tive people of Hawaii; and

4 “(3) it is the policy of the United States to
5 raise the health status of Native Hawaiians to the
6 highest possible level and to encourage the maximum
7 participation of Native Hawaiians in order to
8 achieve this objective.

9 “(b) DECLARATION OF POLICY.—The Congress here-
10 by declares that it is the policy of the United States in
11 fulfillment of its special responsibilities and legal obliga-
12 tions to the indigenous people of Hawaii resulting from
13 the unique and historical relationship between the United
14 States and the Government of the indigenous people of
15 Hawaii—

16 “(1) to raise the health status of Native Hawai-
17 ians to the highest possible health level; and

18 “(2) to provide existing Native Hawaiian health
19 care programs with all resources necessary to effec-
20 tuate this policy.

21 “(c) INTENT OF CONGRESS.—It is the intent of the
22 Congress that the Nation meet the following health objec-
23 tives with respect to Native Hawaiians by the year 2000:

24 “(1) Reduce coronary heart disease deaths to
25 no more than 100 per 100,000.

1 “(2) Reduce stroke deaths to no more than 20
2 per 100,000.

3 “(3) Increase control of high blood pressure to
4 at least 50 percent of people with high blood pres-
5 sure.

6 “(4) Reduce blood cholesterol to an average of
7 no more than 200 mg/dl.

8 “(5) Slow the rise in lung cancer deaths to
9 achieve a rate of no more than 42 per 100,000.

10 “(6) Reduce breast cancer deaths to no more
11 than 20.6 per 100,000 women.

12 “(7) Increase Pap tests every 1 to 3 years to
13 at least 85 percent of women age 18 and older.

14 “(8) Increase fecal occult blood testing every 1
15 to 2 years to at least 50 percent of people age 50
16 and older.

17 “(9) Reduce diabetes-related deaths to no more
18 than 34 per 100,000.

19 “(10) Reduce the most severe complications of
20 diabetes as follows:

21 “(A) End-stage renal disease to no more
22 than 1.4 in 1,000;

23 “(B) Blindness to no more than 1.4 in
24 1,000;

1 “(C) Lower extremity amputation to no
2 more than 4.9 in 1,000;

3 “(D) Perinatal mortality to no more than
4 2 percent; and

5 “(E) Major congenital malformations to no
6 more than 4 percent.

7 “(11) Reduce infant mortality to no more than
8 7 deaths per 1,000 live births.

9 “(12) Reduce low birth weight to no more than
10 5 percent of live births.

11 “(13) Increase first trimester prenatal care to
12 at least 90 percent of live births.

13 “(14) Reduce teenage pregnancies to no more
14 than 50 per 1,000 girls age 17 and younger.

15 “(15) Reduce unintended pregnancies to no
16 more than 30 percent of pregnancies.

17 “(16) Increase to at least 60 percent the pro-
18 portion of primary care providers who provide age-
19 appropriate preconception care and counseling.

20 “(17) Increase years of healthy life to at least
21 65 years.

22 “(18) Eliminate financial barriers to clinical
23 preventive services.

24 “(19) Increase childhood immunization levels to
25 at least 90 percent of 2-year-olds.

1 “(20) Reduce the prevalence of dental caries to
2 no more than 35 percent of children by age 8.

3 “(21) Reduce untreated dental caries so that
4 the proportion of children with untreated caries (in
5 permanent or primary teeth) is no more than 20
6 percent among children age 6 through 8 and no
7 more than 15 percent among adolescents age 15.

8 “(22) Reduce edentulism to no more than 20
9 percent in people age 65 and older.

10 “(23) Increase moderate daily physical activity
11 to at least 30 percent of the population.

12 “(24) Reduce sedentary lifestyles to no more
13 than 15 percent of the population.

14 “(25) Reduce overweight to a prevalence of no
15 more than 20 percent of the population.

16 “(26) Reduce dietary fat intake to an average
17 of 30 percent of calories or less.

18 “(27) Increase to at least 75 percent the pro-
19 portion of primary care providers who provide nutri-
20 tion assessment and counseling or referral to quali-
21 fied nutritionists or dieticians.

22 “(28) Reduce cigarette smoking prevalence to
23 no more than 15 percent of adults.

24 “(29) Reduce initiation of smoking to no more
25 than 15 percent by age 20.

1 “(30) Reduce alcohol-related motor vehicle
2 crash deaths to no more than 8.5 per 100,000 ad-
3 justed for age.

4 “(31) Reduce alcohol use by school children age
5 12 to 17 to less than 13 percent.

6 “(32) Reduce marijuana use by youth age 18 to
7 25 to less than 8 percent.

8 “(33) Reduce cocaine use by youth age 18 to
9 25 to less than 3 percent.

10 “(34) Confine HIV infection to no more than
11 800 per 100,000.

12 “(35) Reduce gonorrhea infections to no more
13 than 225 per 100,000.

14 “(36) Reduce syphilis infections to no more
15 than 10 per 100,000.

16 “(37) Reduce significant hearing impairment to
17 a prevalence of no more than 82 per 1,000.

18 “(38) Reduce acute middle ear infections
19 among children age 4 and younger, as measured by
20 days of restricted activity or school absenteeism, to
21 no more than 105 days per 100 children.

22 “(39) Reduce indigenous cases of vaccine-pre-
23 ventable diseases as follows:

24 “(A) Diphtheria among individuals age 25
25 and younger to 0;

1 “(B) Tetanus among individuals age 25
2 and younger to 0;

3 “(C) Polio (wild-type virus) to 0;

4 “(D) Measles to 0;

5 “(E) Rubella to 0;

6 “(F) Congenital Rubella Syndrome to 0;

7 “(G) Mumps to 500; and

8 “(H) Pertussis to 1,000; and

9 “(40) Reduce significant visual impairment to a
10 prevalence of no more than 30 per 1,000.

“(d) REPORT.—The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 9, a report on the progress made toward meeting each of the objectives described in subsection (c).

16 "SEC. 3. COMPREHENSIVE HEALTH CARE MASTER PLAN
17 FOR NATIVE HAWAIIANS.

18 “The Secretary may make a grant to, or enter into
19 a contract with, Papa Ola Lokahi for the purpose of co-
20 ordinating, implementing, and updating a Native Hawai-
21 ian comprehensive health care master plan designed to
22 promote comprehensive health promotion and disease pre-
23 vention services and to maintain and improve the health
24 status of Native Hawaiians. The master plan shall be
25 based upon an assessment of the health care status and

1 health care needs of Native Hawaiians. To the extent
2 practicable, assessments made as of the date of such grant
3 or contract shall be used by Papa Ola Lokahi, except that
4 any such assessment shall be updated as appropriate.

5 **“SEC. 4. NATIVE HAWAIIAN HEALTH CARE SYSTEMS.**

6 “(a) COMPREHENSIVE HEALTH PROMOTION, DIS-
7 EASE PREVENTION, AND PRIMARY HEALTH SERVICES.—
8 (1)(A) The Secretary, in consultation with Papa Ola
9 Lokahi, may make grants to, or enter into contracts with,
10 any qualified entity for the purpose of providing com-
11 prehensive health promotion and disease prevention serv-
12 ices as well as primary health services to Native Hawai-
13 ians.

14 “(B) In making grants and entering into contracts
15 under this paragraph, the Secretary shall give preference
16 to Native Hawaiian health care systems and Native Ha-
17 waiian organizations, and, to the extent feasible, health
18 promotion and disease prevention services shall be per-
19 formed through Native Hawaiian health care systems.

20 “(2) In addition to paragraph (1), the Secretary may
21 make a grant to, or enter into a contract with, Papa Ola
22 Lokahi for the purpose of planning Native Hawaiian
23 health care systems to serve the health needs of Native
24 Hawaiian communities on the islands of O’ahu, Moloka’i,

1 Maui, Hawai'i, Lana'i, Kaua'i, and Ni'ihau in the State
2 of Hawaii.

3 “(b) QUALIFIED ENTITY.—An entity is a qualified
4 entity for purposes of subsection (a)(1) if the entity is a
5 Native Hawaiian health care system.

6 “(c) SERVICES TO BE PROVIDED.—(1) Each recipi-
7 ent of funds under subsection (a)(1) shall provide the fol-
8 lowing services:

9 “(A) Outreach services to inform Native Hawai-
10 ians of the availability of health services.

11 “(B) Education in health promotion and disease
12 prevention of the Native Hawaiian population by
13 (wherever possible) Native Hawaiian health care
14 practitioners, community outreach workers, coun-
15 selors, and cultural educators.

16 “(C) Services of physicians, physicians' assist-
17 ants, or nurse practitioners.

18 “(D) Immunizations.

19 “(E) Prevention and control of diabetes, high
20 blood pressure, and otitis media.

21 “(F) Pregnancy and infant care.

22 “(G) Improvement of nutrition.

23 “(2) In addition to the mandatory services under
24 paragraph (1), the following services may be provided pur-
25 suant to subsection (a)(1):

1 “(A) Identification, treatment, control, and re-
2 duction of the incidence of preventable illnesses and
3 conditions endemic to Native Hawaiians.

4 “(B) Collection of data related to the preven-
5 tion of diseases and illnesses among Native Hawai-
6 ians.

7 “(C) Services within the meaning of the terms
8 ‘health promotion’, ‘disease prevention’, and ‘pri-
9 mary health services’, as such terms are defined in
10 section 10, which are not specifically referred to in
11 paragraph (1) of this subsection.

12 “(3) The health care services referred to in para-
13 graphs (1) and (2) which are provided under grants or
14 contracts under subsection (a)(1) may be provided by tra-
15 ditional Native Hawaiian healers.

16 “(d) LIMITATION ON NUMBER OF ENTITIES.—Dur-
17 ing a fiscal year, the Secretary under this Act may make
18 a grant to, or hold a contract with, not more than 5 Native
19 Hawaiian health care systems.

20 “(e) MATCHING FUNDS.—(1) The Secretary may not
21 make a grant or provide funds pursuant to a contract
22 under subsection (a)(1) to an entity—

23 “(A) in an amount exceeding 75 percent of the
24 costs of providing health services under the grant or
25 contract; and

1 “(B) unless the entity agrees that the entity
2 will make available, directly or through donations to
3 the entity, non-Federal contributions toward such
4 costs in an amount equal to not less than \$1 (in
5 cash or in kind under paragraph (2)) for each \$3 of
6 Federal funds provided in such grant or contract.

7 “(2) Non-Federal contributions required in para-
8 graph (1) may be in cash or in kind, fairly evaluated, in-
9 cluding plant, equipment, or services. Amounts provided
10 by the Federal Government or services assisted or sub-
11 sidized to any significant extent by the Federal Govern-
12 ment may not be included in determining the amount of
13 such non-Federal contributions.

14 “(3) The Secretary may waive the requirement estab-
15 lished in paragraph (1) if—

16 “(A) the entity involved is a nonprofit private
17 entity described in subsection (b); and

18 “(B) the Secretary, in consultation with Papa
19 Ola Lokahi, determines that it is not feasible for the
20 entity to comply with such requirement.

21 “(f) RESTRICTION ON USE OF GRANT AND CON-
22 TRACT FUNDS.—The Secretary may not make a grant to,
23 or enter into a contract with, an entity under subsection
24 (a)(1) unless the entity agrees that amounts received pur-

1 suant to such subsection will not, directly or through con-
2 tract, be expended—

3 “(1) for any purpose other than the purposes
4 described in subsection (c);

5 “(2) to provide inpatient services;

6 “(3) to make cash payments to intended recipi-
7 ents of health services; or

8 “(4) to purchase or improve real property
9 (other than minor remodeling of existing improve-
10 ments to real property) or to purchase major medi-
11 cal equipment.

12 “(g) LIMITATION ON CHARGES FOR SERVICES.—The
13 Secretary may not make a grant, or enter into a contract
14 with, an entity under subsection (a)(1) unless the entity
15 agrees that, whether health services are provided directly
16 or through contract—

17 “(1) health services under the grant or contract
18 will be provided without regard to ability to pay for
19 the health services; and

20 “(2) the entity will impose a charge for the de-
21 livery of health services, and such charge—

22 “(A) will be made according to a schedule
23 of charges that is made available to the public,
24 and

1 “(B) will be adjusted to reflect the income
2 of the individual involved.

3 **“SEC. 5. FUNCTIONS OF, AND GRANTS TO, PAPA OLA**
4 **LOKAHI.**

5 “(a) FUNCTIONS.—Papa Ola Lokahi shall—

6 “(1) coordinate, implement, and update, as ap-
7 propriate, the comprehensive health care master
8 plan developed pursuant to section 3;

9 “(2) to the maximum extent possible, coordi-
10 nate and assist the health care programs and serv-
11 ices provided to Native Hawaiians;

12 “(3) provide for the training of the persons de-
13 scribed in section 4(c)(1)(B);

14 “(4) develop an action plan outlining the con-
15 tributions that each member organization of Papa
16 Ola Lokahi will make in carrying out this Act;

17 “(5) serve as a clearinghouse for—

18 “(A) the collection and maintenance of
19 data associated with the health status of Native
20 Hawaiians;

21 “(B) the identification of and research into
22 diseases affecting Native Hawaiians;

23 “(C) the availability of Native Hawaiian
24 project funds, research projects, and publica-
25 tions; and

1 “(D) the timely dissemination of informa-
2 tion relating to Native Hawaiian health care
3 systems;

4 “(6) perform the recognition and certification
5 functions specified in sections 10(6)(F) and
6 10(6)(G); and

7 “(7) provide technical support and coordination
8 of training and technical assistance to Native Ha-
9 waiian health care systems.

10 “(b) SPECIAL PROJECT FUNDS.—Papa Ola Lokahi
11 may receive project funds that may be appropriated for
12 the purpose of research on the health status of Native Ha-
13 waiians or for the purpose of addressing the health care
14 needs of Native Hawaiians.

15 “(c) GRANTS.—In addition to any other grant or con-
16 tract under this Act, the Secretary may make grants to,
17 or enter into contracts with, Papa Ola Lokahi for—

18 “(1) carrying out the functions described in
19 subsection (a); and

20 “(2) administering any special project funds re-
21 ceived under the authority of subsection (b).

22 “(d) RELATIONSHIPS WITH OTHER AGENCIES.—
23 Papa Ola Lokahi may enter into agreements or memo-
24 randa of understanding with relevant agencies or organi-

1 zations that are capable of providing resources or services
2 to Native Hawaiian health care systems.

3 **“SEC. 6. ADMINISTRATION OF GRANTS AND CONTRACTS.**

4 “(a) TERMS AND CONDITIONS.—The Secretary shall
5 include in any grant made or contract entered into under
6 this Act such terms and conditions as the Secretary con-
7 siderers necessary or appropriate to ensure that the objec-
8 tives of such grant or contract are achieved.

9 “(b) PERIODIC REVIEW.—The Secretary shall peri-
10 odically evaluate the performance of, and compliance with,
11 grants and contracts under this Act.

12 “(c) ADMINISTRATIVE REQUIREMENTS.—The Sec-
13 retary may not make a grant or enter into a contract
14 under this Act with an entity unless the entity—

15 “(1) agrees to establish such procedures for fis-
16 cal control and fund accounting as may be necessary
17 to ensure proper disbursement and accounting with
18 respect to the grant or contract;

19 “(2) agrees to ensure the confidentiality of
20 records maintained on individuals receiving health
21 services under the grant or contract;

22 “(3) with respect to providing health services to
23 any population of Native Hawaiians a substantial
24 portion of which has a limited ability to speak the
25 English language—

1 “(A) has developed and has the ability to
2 carry out a reasonable plan to provide health
3 services under the grant or contract through in-
4 dividuals who are able to communicate with the
5 population involved in the language and cultural
6 context that is most appropriate; and

7 “(B) has designated at least one individ-
8 ual, fluent in both English and the appropriate
9 language, to assist in carrying out the plan;

10 “(4) with respect to health services that are
11 covered in the plan of the State of Hawaii approved
12 under title XIX of the Social Security Act—

13 “(A) if the entity will provide under the
14 grant or contract any such health services di-
15 rectly—

16 “(i) the entity has entered into a par-
17 ticipation agreement under such plan; and

18 “(ii) the entity is qualified to receive
19 payments under such plan; and

20 “(B) if the entity will provide under the
21 grant or contract any such health services
22 through a contract with an organization—

23 “(i) the organization has entered into
24 a participation agreement under such plan;
25 and

1 “(ii) the organization is qualified to
2 receive payments under such plan; and

3 “(5) agrees to submit to the Secretary and to
4 Papa Ola Lokahi an annual report that describes
5 the utilization and costs of health services provided
6 under the grant or contract (including the average
7 cost of health services per user) and that provides
8 such other information as the Secretary determines
9 to be appropriate.

10 “(d) CONTRACT EVALUATION.—(1) If, as a result of
11 evaluations conducted by the Secretary, the Secretary de-
12 termines that an entity has not complied with or satisfac-
13 torily performed a contract entered into under section 4,
14 the Secretary shall, prior to renewing such contract, at-
15 tempt to resolve the areas of noncompliance or unsatisfac-
16 tory performance and modify such contract to prevent fu-
17 ture occurrences of such noncompliance or unsatisfactory
18 performance. If the Secretary determines that such non-
19 compliance or unsatisfactory performance cannot be re-
20 solved and prevented in the future, the Secretary shall not
21 renew such contract with such entity and is authorized
22 to enter into a contract under section 4 with another en-
23 tity referred to in section 4(b) that provides services to
24 the same population of Native Hawaiians which is served

1 by the entity whose contract is not renewed by reason of
2 this subsection.

3 “(2) In determining whether to renew a contract en-
4 tered into with an entity under this Act, the Secretary
5 shall consider the results of evaluation under this section.

6 “(3) All contracts entered into by the Secretary under
7 this Act shall be in accordance with all Federal contract-
8 ing laws and regulations except that, in the discretion of
9 the Secretary, such contracts may be negotiated without
10 advertising and may be exempted from the provisions of
11 the Act of August 24, 1935 (40 U.S.C. 270a et seq.).

12 “(4) Payments made under any contract entered into
13 under this Act may be made in advance, by means of reim-
14 bursement, or in installments and shall be made on such
15 conditions as the Secretary deems necessary to carry out
16 the purposes of this Act.

17 “(e) LIMITATION ON USE OF FUNDS FOR ADMINIS-
18 TRATIVE EXPENSES.—Except for grants and contracts
19 under section 5(c), the Secretary may not make a grant
20 to, or enter into a contract with, an entity under this Act
21 unless the entity agrees that the entity will not expend
22 more than 10 percent of amounts received pursuant to this
23 Act for the purpose of administering the grant or contract.

24 “(f) REPORT.—(1) For each fiscal year during which
25 an entity receives or expends funds pursuant to a grant

1 or contract under this Act, such entity shall submit to the
2 Secretary and to Papa Ola Lokahi a quarterly report on—

3 “(A) activities conducted by the entity under
4 the grant or contract;

5 “(B) the amounts and purposes for which Fed-
6 eral funds were expended; and

7 “(C) such other information as the Secretary
8 may request.

9 “(2) The reports and records of any entity which con-
10 cern any grant or contract under this Act shall be subject
11 to audit by the Secretary, the Inspector General of Health
12 and Human Services, and the Comptroller General of the
13 United States.

14 “(g) ANNUAL PRIVATE AUDIT.—The Secretary shall
15 allow as a cost of any grant made or contract entered into
16 under this Act the cost of an annual private audit con-
17 ducted by a certified public accountant.

18 **“SEC. 7. ASSIGNMENT OF PERSONNEL.**

19 “(a) IN GENERAL.—The Secretary is authorized to
20 enter into an agreement with any entity under which the
21 Secretary is authorized to assign personnel of the Depart-
22 ment of Health and Human Services with expertise identi-
23 fied by such entity to such entity on detail for the purposes
24 of providing comprehensive health promotion and disease
25 prevention services to Native Hawaiians.

1 “(b) APPLICABLE FEDERAL PERSONNEL PROVI-
2 SIONS.—Any assignment of personnel made by the Sec-
3 retary under any agreement entered into under the au-
4 thority of subsection (a) shall be treated as an assignment
5 of Federal personnel to a local government that is made
6 in accordance with subchapter VI of chapter 33 of title
7 5, United States Code.

8 **“SEC. 8. NATIVE HAWAIIAN HEALTH SCHOLARSHIPS.**

9 “(a) ELIGIBILITY.—The Secretary is authorized to
10 make scholarship grants to students who—

11 “(1) meet the requirements of section 338A(b)
12 of the Public Health Service Act (42 U.S.C.
13 254l(b)); and

14 “(2) are Native Hawaiians.

15 “(b) TERMS AND CONDITIONS.—(1) Scholarship
16 grants provided under subsection (a) shall be provided
17 under the same terms and subject to the same conditions,
18 regulations, and rules that apply to scholarship grants
19 provided under section 338A of the Public Health Service
20 Act (42 U.S.C. 254l), except that—

21 “(A) the provision of scholarships in each type
22 of health care profession training shall correspond to
23 the need for each type of health care professional to
24 serve Native Hawaiian health care systems, as iden-
25 tified by Papa Ola Lokahi;

1 “(B) in selecting scholarship recipients, the
2 Secretary shall give priority to individuals included
3 on a list of eligible applicants submitted by the Ka-
4 meameha Schools/Bishop Estate;

5 “(C) the obligated service requirement for each
6 scholarship recipient shall be fulfilled through serv-
7 ice, in order of priority, in—

8 “(i) any one of the five Native Hawaiian
9 health care systems which, during the fiscal
10 year in which the obligated service requirement
11 is assigned, has received a grant or entered into
12 a contract pursuant to section 4; or

13 “(ii) health professions shortage areas,
14 medically underserved areas, or geographic
15 areas or facilities similarly designated by the
16 United States Public Health Service in the
17 State of Hawaii.

18 “(2) The Secretary shall enter into a cooperative
19 agreement with the Kamehameha Schools/Bishop Estate
20 under which such organization shall provide recruitment,
21 retention, counseling, and other support services intended
22 to improve the operation of the scholarship program estab-
23 lished under this section.

1 “(3) The Native Hawaiian Health Scholarship pro-
2 gram shall not be administered by or through the Indian
3 Health Service.

4 **“SEC. 9. REPORT.**

5 “The President shall, at the time the budget is sub-
6 mitted under section 1105 of title 31, United States Code,
7 for each fiscal year transmit to the Congress the report
8 required pursuant to section 2(d).

9 **“SEC. 10. DEFINITIONS.**

10 “For purposes of this Act:

11 “(1) DISEASE PREVENTION.—The term ‘disease
12 prevention’ includes—

13 “(A) immunizations,

14 “(B) control of high blood pressure,

15 “(C) control of sexually transmittable dis-
16 eases,

17 “(D) prevention and control of diabetes,

18 “(E) control of toxic agents,

19 “(F) occupational safety and health,

20 “(G) accident prevention,

21 “(H) fluoridation of water,

22 “(I) control of infectious agents, and

23 “(J) provision of mental health care.

24 “(2) HEALTH PROMOTION.—The term ‘health
25 promotion’ includes—

1 “(A) pregnancy and infant care, including
2 prevention of fetal alcohol syndrome,

3 “(B) cessation of tobacco smoking,

4 “(C) reduction in the misuse of alcohol and
5 drugs,

6 “(D) improvement of nutrition,

7 “(E) improvement in physical fitness,

8 “(F) family planning, and

9 “(G) control of stress.

10 “(3) NATIVE HAWAIIAN.—The term ‘Native
11 Hawaiian’ means any individual who is—

12 “(A) a citizen of the United States; and

13 “(B) a descendant of the aboriginal people,
14 who prior to 1778, occupied and exercised sov-
15 ereignty in the area that now constitutes the
16 State of Hawaii, as evidenced by—

17 “(i) genealogical records;

18 “(ii) Kupuna (elders) or Kama’aina
19 (long-term community residents) verifica-
20 tion; or

21 “(iii) birth records of the State of Ha-
22 waii.

23 “(4) NATIVE HAWAIIAN HEALTH CENTER.—The
24 term ‘Native Hawaiian health center’ means an en-
25 tity—

1 “(A) which is organized under the laws of
2 the State of Hawaii,

3 “(B) which provides or arranges for health
4 care services through practitioners licensed by
5 the State of Hawaii, where licensure require-
6 ments are applicable,

7 “(C) which is a public or nonprofit private
8 entity, and

9 “(D) in which Native Hawaiian health
10 practitioners significantly participate in the
11 planning, management, monitoring, and evalua-
12 tion of health services.

13 “(5) NATIVE HAWAIIAN ORGANIZATION.—The
14 term ‘Native Hawaiian organization’ means any or-
15 ganization—

16 “(A) which serves the interests of Native
17 Hawaiians,

18 “(B) which is—

19 “(i) recognized by Papa Ola Lokahi
20 for the purpose of planning, conducting, or
21 administering programs (or portions of
22 programs) authorized under this Act for
23 the benefit of Native Hawaiians, and

24 “(ii) certified by Papa Ola Lokahi as
25 having the qualifications and capacity to

1 provide the services, and meet the require-
2 ments, under the contract the organization
3 enters into with, or grant the organization
4 receives from, the Secretary under this
5 Act,

6 “(C) in which Native Hawaiian health
7 practitioners significantly participate in the
8 planning, management, monitoring, and evalua-
9 tion of health services, and

10 “(D) which is a public or nonprofit private
11 entity.

12 “(6) NATIVE HAWAIIAN HEALTH CARE SYS-
13 TEM.—The term ‘Native Hawaiian health care sys-
14 tem’ means an entity—

15 “(A) which is organized under the laws of
16 the State of Hawaii;

17 “(B) which provides or arranges for health
18 care services through practitioners licensed by
19 the State of Hawaii, where licensure require-
20 ments are applicable;

21 “(C) which is a public or nonprofit private
22 entity;

23 “(D) in which Native Hawaiian health
24 practitioners significantly participate in the

1 planning, management, monitoring, and evalua-
2 tion of health care services;

3 “(E) which may be composed of as many
4 Native Hawaiian health centers as necessary to
5 meet the health care needs of Native Hawaiians
6 residing on the island or islands served by such
7 entity;

8 “(F) which is recognized by Papa Ola
9 Lokahi for the purpose of providing comprehen-
10 sive health promotion and disease prevention
11 services as well as primary health services to
12 Native Hawaiians under this Act; and

13 “(G) which is certified by Papa Ola Lokahi
14 as having the qualifications and the capacity to
15 provide the services and meet the requirements
16 of a contract entered into, or a grant received,
17 under section 4.

18 “(7) PAPA OLA LOKAHI.—(A) Subject to sub-
19 paragraph (B), the term ‘Papa Ola Lokahi’ means
20 an organization composed of—

21 “(i) E Ola Mau;

22 “(ii) the Office of Hawaiian Affairs of the
23 State of Hawaii;

24 “(iii) Alu Like Inc.;

25 “(iv) the University of Hawaii;

1 “(v) the Office of Hawaiian Health of the
2 Hawaii State Department of Health;

3 “(vi) Ho’ola Lahui Hawaii, or a health
4 care system serving the islands of Kaua’i and
5 Ni’ihau;

6 “(vii) Ke Ola Mamo, or a health care sys-
7 tem serving the island of O’ahu;

8 “(viii) Na Pu’uwai or a health care system
9 serving the islands of Moloka’i and Lana’i;

10 “(ix) Hui No Ke Ola Pono, or a health
11 care system serving the island of Maui;

12 “(x) Hui Malama Ola Ha’Oiwī or a health
13 care system serving the island of Hawaii; and

14 “(xi) such other member organizations as
15 the Board of Papa Ola Lokahi may admit from
16 time to time, based upon satisfactory dem-
17 onstration of a record of contribution to the
18 health and well-being of Native Hawaiians, and
19 upon satisfactory development of a mission
20 statement in relation to this Act, including
21 clearly defined goals and objectives, a 5-year ac-
22 tion plan outlining the contributions that each
23 organization will make in carrying out the pol-
24 icy of this Act, and an estimated budget.

1 “(B) Such term does not include any organiza-
2 tion identified in subparagraph (A) if the Secretary
3 determines that such organization does not have a
4 mission statement with clearly defined goals and ob-
5 jectives for the contributions the organization will
6 make to Native Hawaiian health care systems and
7 an action plan for carrying out such goals and objec-
8 tives.

9 “(8) PRIMARY HEALTH SERVICES.—The term
10 ‘primary health services’ means—

11 “(A) services of physicians, physicians’ as-
12 sistants and nurse practitioners;

13 “(B) diagnostic laboratory and radiologic
14 services;

15 “(C) preventive health services (including
16 children’s eye and ear examinations to deter-
17 mine the need for vision and hearing correction,
18 perinatal services, well child services, and family
19 planning services);

20 “(D) emergency medical services;

21 “(E) transportation services as required
22 for adequate patient care;

23 “(F) preventive dental services; and

24 “(G) pharmaceutical services, as may be
25 appropriate for particular health centers.

1 “(9) SECRETARY.—The term ‘Secretary’ means
2 the Secretary of Health and Human Services.

3 “(10) TRADITIONAL NATIVE HAWAIIAN HEAL-
4 ER.—The term ‘traditional Native Hawaiian healer’
5 means a practitioner—

6 “(A) who—

7 “(i) is of Hawaiian ancestry, and

8 “(ii) has the knowledge, skills, and ex-
9 perience in direct personal health care of
10 individuals, and

11 “(B) whose knowledge, skills, and experi-
12 ence are based on a demonstrated learning of
13 Native Hawaiian healing practices acquired
14 by—

15 “(i) direct practical association with
16 Native Hawaiian elders, and

17 “(ii) oral traditions transmitted from
18 generation to generation.

19 **“SEC. 11. RULE OF CONSTRUCTION.**

20 “Nothing in this Act shall be construed to restrict
21 the authority of the State of Hawaii to license health prac-
22 titioners.

23 **“SEC. 12. COMPLIANCE WITH BUDGET ACT.**

24 “Any new spending authority (described in subsection
25 (c)(2) (A) or (B) of section 401 of the Congressional

1 Budget Act of 1974) which is provided under this Act
2 shall be effective for any fiscal year only to such extent
3 or in such amounts as are provided in appropriation Acts.

4 **“SEC. 13. SEVERABILITY.**

5 “If any provision of this Act, or the application of
6 any such provision to any person or circumstances is held
7 to be invalid, the remainder of this Act, and the applica-
8 tion of such provision or amendment to persons or cir-
9 cumstances other than those to which it is held invalid,
10 shall not be affected thereby.

11 **“SEC. 14. AUTHORIZATION OF APPROPRIATIONS.**

12 “There is authorized to be appropriated for each of
13 the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and
14 2000 such sums as may be necessary to carry out the pur-
15 poses of this Act.

16 **“SEC. 15. PROHIBITION AGAINST EXCLUSION FROM PAR-**
17 **TICIPATION.**

18 “Notwithstanding any other provision of this Act, no
19 person shall, on the basis of race, color, or national origin,
20 be excluded from participation in, or be denied the benefits
21 of, or be subjected to discrimination under, any program
22 or activity receiving Federal financial assistance under
23 this Act.”.

1 **SEC. 503. REPEAL OF PUBLIC HEALTH SERVICE ACT PROVI-**
2 **SION.**

3 The Public Health Service Act (42 U.S.C. 201 et
4 seq.), as amended by section 206 of this Act, is amended
5 by repealing section 338K and redesignating section 338L
6 as section 338K. Such repeal shall not be construed to
7 terminate contracts in effect under such section on the
8 date of the enactment of this Act. Any such contracts shall
9 continue according to the terms and conditions of such
10 contracts.

11 **TITLE VI—MISCELLANEOUS**
12 **PROVISIONS**

13 **SEC. 601. TECHNICAL AMENDMENT TO INDIAN HEALTH**
14 **CARE IMPROVEMENT ACT.**

15 The last sentence of section 818(e)(3) of the Indian
16 Health Care Improvement Act (25 U.S.C. 1680h(e)(3))
17 is amended—

18 (1) by striking “services,” and inserting “serv-
19 ices”; and

20 (2) by striking “, shall be recoverable.” and in-
21 serting a period.

22 **SEC. 602. HEALTH SERVICES FOR PACIFIC ISLANDERS.**

23 Section 10 of the Disadvantaged Minority Health Im-
24 provement Act of 1990 (42 U.S.C. 254c–1) is amended—

25 (1) in subsection (b)—

26 (A) by striking paragraphs (5) and (6);

1 (B) by redesignating paragraphs (7) and
2 (8) as paragraphs (5) and (6), respectively;

3 (C) in paragraph (1) (as so redesign-
4 nated)—

5 (i) by inserting “substance abuse”
6 after “availability of health”; and

7 (ii) by striking “, including improved
8 health data systems”; and

9 (D) in paragraph (2) (as so redesign-
10 nated)—

11 (i) by striking “manpower” and in-
12 serting “care providers”; and

13 (ii) by striking “by—” and all that
14 follows through the end thereof and insert-
15 ing a semicolon; and

16 (2) in subsection (f)—

17 (A) by striking “there is” and inserting
18 “there are”; and

19 (B) by striking “\$10,000,000” and all that
20 follows through “1993” and inserting
21 “\$3,000,000 for each of the fiscal years 1995
22 through 1997”.

1 **SEC. 603. TECHNICAL CORRECTIONS REGARDING PUBLIC**
2 **LAW 103-183.**

3 (a) AMENDATORY INSTRUCTIONS.—Public Law 103–
4 183 is amended—

5 (1) in section 301(a), by striking “(42 U.S.C.
6 242 et seq.)” and inserting “(42 U.S.C. 243 et
7 seq.)”;

8 (2) in section 601—

9 (A) in subsection (b), in the matter preced-
10 ing paragraph (1), by striking “Section 1201 of
11 the Public Health Service Act (42 U.S.C.
12 300d)” and inserting “Title XII of the Public
13 Health Service Act (42 U.S.C. 300d et seq.)”;
14 and

15 (B) in subsection (f)(1), by striking “in
16 section 1204(c)” and inserting “in section
17 1203(c) (as redesignated by subsection (b)(2) of
18 this section)”;

19 (3) in section 602, by striking ““for the pur-
20 pose” and inserting ““For the purpose”; and

21 (4) in section 705(b), by striking “317D((l)(1))”
22 and inserting “317D(l)(1)”.

23 (b) PUBLIC HEALTH SERVICE ACT.—The Public
24 Health Service Act, as amended by Public Law 103-183
25 and by subsection (a) of this section, is amended—

1 (1) in section 317E(g)(2), by striking “making
2 grants under subsection (b)” and inserting “carrying
3 out subsection (b)”;

4 (2) in section 318, in subsection (e) as in effect
5 on the day before the date of the enactment of Pub-
6 lic Law 103–183, by redesignating the subsection as
7 subsection (f);

8 (3) in part D of title III, by inserting before
9 section 340D the following subpart heading:
10 “Subpart IX—Miscellaneous Provisions Regarding
11 Primary Health Care”;

12 (4) in subpart 6 of part C of title IV—

13 (A) by transferring the first section 447
14 (added by section 302 of Public Law 103–183)
15 from the current placement of the section;

16 (B) by redesignating the section as section
17 447A; and

18 (C) by inserting the section after section
19 447;

20 (5) in section 1213(a)(8), by striking “provides
21 for for” and inserting “provides for”;

22 (6) in section 1501, by redesignating the second
23 subsection (c) (added by section 101(f) of Public
24 Law 103–183) as subsection (d); and

25 (7) in section 1505(3), by striking “nonprofit”.

1 (c) MISCELLANEOUS CORRECTION.—Section
2 401(c)(3) of Public Law 103–183 is amended in the mat-
3 ter preceding subparagraph (A) by striking “(d)(5)” and
4 inserting “(e)(5)”.

5 **SEC. 604. CERTAIN AUTHORITIES OF CENTERS FOR DIS-**
6 **EASE CONTROL AND PREVENTION.**

7 Part B of title III of the Public Health Service Act
8 (42 U.S.C. 243 et seq.), as amended pursuant to section
9 603(a)(1) of this Act and as amended by section 703 of
10 Public Law 103–183, is amended by inserting after sec-
11 tion 317F the following section:

12 “MISCELLANEOUS AUTHORITIES REGARDING CENTERS
13 FOR DISEASE CONTROL AND PREVENTION

14 “SEC. 317G. (a) TECHNICAL AND SCIENTIFIC PEER
15 REVIEW GROUPS.—The Secretary, acting through the Di-
16 rector of the Centers for Disease Control and Prevention,
17 may, without regard to the provisions of title 5, United
18 States Code, governing appointments in the competitive
19 service, and without regard to the provisions of chapter
20 51 and subchapter III of chapter 53 of such title relating
21 to classification and General Schedule pay rates, establish
22 such technical and scientific peer review groups and sci-
23 entific program advisory committees as are needed to
24 carry out the functions of such Centers and appoint and
25 pay the members of such groups, except that officers and
26 employees of the United States shall not receive additional

1 compensation for service as members of such groups. The
2 Federal Advisory Committee Act shall not apply to the
3 duration of such peer review groups. Not more than one-
4 fourth of the members of any such group shall be officers
5 or employees of the United States.

6 “(b) FELLOWSHIP AND TRAINING PROGRAMS.—The
7 Secretary, acting through the Director of the Centers for
8 Disease Control and Prevention, shall establish fellowship
9 and training programs to be conducted by such Centers
10 to train individuals to develop skills in epidemiology, sur-
11 veillance, laboratory analysis, and other disease detection
12 and prevention methods. Such programs shall be designed
13 to enable health professionals and health personnel trained
14 under such programs to work, after receiving such train-
15 ing, in local State, national, and international efforts to-
16 ward the prevention and control of diseases, injuries, and
17 disabilities. Such fellowships and training may be adminis-
18 tered through the use of either appointment or
19 nonappointment procedures.”.

20 **TITLE VII—GENERAL** 21 **PROVISIONS**

22 **SEC. 701. EFFECTIVE DATE.**

23 Except as otherwise provided in this Act, this Act
24 takes effect October 1, 1994, or upon the date of the en-
25 actment of this Act, whichever occurs later.



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